2018
Child Health Advisory Committee Recommendations for Coordinated School Health

Background

The Child Health Advisory Committee (CHAC) was created in 2003 by the Arkansas General Assembly through Act 1220 of 2003. The purpose of Act 1220 and CHAC was to establish a formal group of professionals who would focus on obesity prevention stratigies with a specific emphasis on public school students through the implementation of the Coordinated School Health Program.

The committee meets monthly to review the most relevant trends; promising, practices and policies, resources; and state and local activities. Following this review, CHAC develops recommended best practices for education professionals, public health professionals, business leaders, policy makers, and community leaders across the state.

The four areas of focus for the 2018 CHAC Recommendations reflect the committee's goals, which are based on current resources available to Arkansas schools and community partners. The committee determined these focus areas have the most potential to enhance awareness and education regarding factors contributing to the state's obesity epidemic.

The committee chose to focus its recommendations on the following areas:

- **I. Engage Leaders to Take Ownership in Promoting Health and Wellness**
- **II. Improve Student and Staff Access to Healthy Foods**
- **III. Improve Student Access to Quality Physical Education and Quality Nutrition Education**
- **IV. Enhance Awareness of Environmental Factors among Decision and Policy Makers**

The CHAC was very deliberate when determining the priorities set forth in the 2018 recommendations to focus on those that pose the least fiscal impact while serving as a resource for strategies that schools and community leaders may implement by utilizing current resources and enhancing current activities. The CHAC encourages the ADE and ADH to make these recommendations available to their constituents as a resource to promote health strategies in schools and communities.

Summary of Recommendations

I. Engage Leaders to Take Ownership in Promoting Health and Wellness

1. The Child Health Advisory Committee recommends schools incorporate wellness activities into required family nights, utilizing state and local agency resources.
2. The Child Health Advisory Committee recommends schools incorporate wellness activities into teacher in-service days.
3. The Child Health Advisory Committee recommends the Arkansas Department of Education (ADE) study the possibility and feasibility for linking and integrating school committees to encourage collaboration among the systems of support provided within districts.

II. Improve Student and Staff Access to Healthy Foods

4. 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.
5. The Child Health Advisory Committee recommends that breakfast serving time within the cafeteria be a minimum of 30 minutes, or alternative meal service options be considered i.e. Breakfast –in-the-Classroom, Grab n' Go Breakfast, Second Chance Breakfast.
6. The Child Health Advisory Committee recommends that the Arkansas Department of Education Child Nutrition Unit encourages and promotes the use of locally-grown produce in all Child Nutrition Programs; training and technical assistance will be provided at least annually.
7. The Child Health Advisory Committee recommends funding, similar to Joint Use Agreement, be secured to support the expansion of the Fresh Fruit & Vegetable program.
8. The Child Health Advisory Committee recommends vending machines in school faculty-staff area include at least 50% healthy choices.
9. The Child Health Advisory Committee recommends the following procedures for scheduling of the nine special event days for schools;
    a. At least 5 of the 9 days be limited to after lunch.
    b. A change in schedule to any of the 9 days must include a minimum two week notice to school personnel, to include the child nutrition department.
    c. Districts and schools should encourage the inclusion of healthy options and physical activity opportunities for students during events.

III. Improve Student Access to Quality Physical Education and Quality Nutrition Education

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

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

12. The Child Health Advisory Committee recommends professional development be required as follows for:
    a. Elementary classroom teachers certified in physical education should receive professional development of 6 hours for physical education and nutrition education with no less than 3 hours in nutrition education;
    b. Licensed elementary classroom teachers who are not content certified in physical education but teach physical education are to take an additional 3 hours of physical education content; and
    c. Secondary physical education and nutrition education teachers should receive no less than 6 hours of professional development in physical education and nutrition education with no less than 3 hours in nutrition education.

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

IV. Enhancing Awareness of Environmental Factors among Decision and Policymakers

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

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

Full Recommendations Report with Rationale

I. Engage Leaders to Take Ownership in Promoting Health and Wellness

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

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

Fiscal Impact: None identified.

Resources (recommended but not limited to):

- University of Arkansas Cooperative Extension Service
- Arkansas Department of Health, Hometown Health Improvement (Community Health Nurse Specialists (CHNS), Community Health Promotion Specialists (CHPS): https://www.healthy.arkansas.gov/programs-services/topics/arkansas-hometown-health-improvement
- Arkansas Department of Education, Child Nutrition and School Health Services: http://www.arkansased.gov/divisions/child-nutrition-unit
- ADE Child Nutrition: http://www.arkansased.gov/divisions/child-nutrition-unit
- AR School Health Services:
- http://www.arkansased.gov/divisions/learning-services/school-health-services/arkansas-coordinated-school-health
- http://www.arkansased.gov/divisions/learning-services/school-health-services
- Game and Fish Commission: https://www.agfc.com/en/
- Local and State First Responders (i.e. Fire Department, Law Enforcement, EMT):
- Arkansas EMT Association: http://www.aemta.org/
- Arkansas State Fire Association: http://arsfa.org/
- Arkansas State Police: http://www.asp.state.ar.us/
- American Heart Association :
    - http://www.heart.org/HEARTORG/
    - http://www.heart.org/HEARTORG/HealthyLiving/HealthyEating/HealthyEating_UCM_001188_SubHomePage.jsp
    - http://www.heart.org/HEARTORG/HealthyLiving/PhysicalActivity/Physical-Activity_UCM_001080_SubHomePage.jsp
    - http://www.heart.org/HEARTORG/HealthyLiving/HealthyKids/Healthy-Kids_UCM_304156_SubHomePage.jsp
- Local Public Health Organizations, County Health Units: http://www.healthy.arkansas.gov/health-units
- American Red Cross
- http://www.redcross.org/
- http://www.redcross.org/local/arkansas
- Arkansas Attorney General's Office: https://arkansasag.gov/
- Local and State Foundations (i.e. Winthrop Rockefeller Foundation, Blue and You Foundation)
- Winthrop Rockefeller Foundation: http://rockefellerinstitute.org/institute
- Blue and You Foundation: http://www.blueandyoufoundationarkansas.org/
- Delta Dental: http://www.deltadentalar.com/Foundation/education

- Healthy Active Arkansas: https://healthyactive.org/
- Wal-Mart Foundation: http://giving.walmart.com/apply-for-grants/local-giving-guidelines
- State and Local Parks and Recreation/Tourism: https://arkansasstateparks.com/
- Mental Health Organizations: http://humanservices.arkansas.gov/about-dhs/dbhs
- Arkansas Children's Hospital: http://www.archildrens.org/
- State Parks and Tourism- resources and ideas: https://www.arkansas.com/things-to-do/family/parents-teachers/

2. The Child Health Advisory Committee recommends schools incorporate wellness activities into teacher in-service days.

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

Fiscal Impact: None identified.

Resources (recommended but not limited to):

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

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

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

Fiscal Impact: None identified.

Resources (recommended but not limited to): None.

II. Improve Student and Staff Access to Healthy Foods

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

Rationale: Schools play a particularly critical role by establishing a safe and supportive environment with policies and practices that support healthy behaviors. The physical surroundings and psychosocial climate of a school should encourage all students to make healthy eating choices. Students can enjoy meal time more when they feel relaxed and are able to socialize without feeling rushed.

- A study published in 2015 found that elementary and middle school students who are given at least 25 minutes to eat lunch are more likely to choose fruits and consume more of their entrees, milk, and vegetables https://www.elsevier.com/about/press-releases/research-and-journals/more-time-for-school-lunches-equals-healthier-choices-for-kids
- The consensus of numerous national organizations and select state is to provide an appropriate amount of time to sit and enjoy lunch. A Bridging the Gap Research Brief concerning the time allowed for students to eat lunch, notes the American Academy of Pediatrics (AAP) and the National Alliance for Nutrition and Activity (NANA) recommend at least 20 minutes of seated time for students to eat lunch. http://www.bridgingthegapresearch.org/_asset/oh178v/BTG_lunchtime_brief_Oct2014_FINAL.pdf
- Similarly, the Alliance for a Healthier Generation Model Wellness Policy – includes at least 10 minutes to eat breakfast and at least 20 minutes to eat lunch, counting from the time they have received their meal and are seated. In addition, identical recommendations for breakfast and lunch can be found in the CDC School Health Guidelines on page 18: https://www.cdc.gov/healthyschools/npao/pdf/MMWR-School-Health-Guidelines.pdf
- A survey of states by the National Association of State Boards of Education (NASBE) found 11 states with policies including 20 minutes or more of seated time for lunch. These include 5 neighboring states, AL, KS, LA, MS, and TX. http://www.nasbe.org/healthy_schools/hs/bytopics.php?topicid=3110

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

Resources (recommended but not limited to):

- Alliance for a Healthier Generation Model Wellness Policy: https://www.healthiergeneration.org/_asset/wtqdwu/14-6372_ModelWellnessPolicy.doc

- CDC School Health Guidelines on page 18: https://www.cdc.gov/healthyschools/npao/pdf/MMWR-School-Health-Guidelines.pdf

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

Rationale: Children who do not eat breakfast at home or at school were less able to learn. Hunger can lead to lower math scores, attention problems, and behavior, emotional, and academic problems. Furthermore, studies show that children who are consistently or often hungry are more likely to repeat a grade. Children who eat a complete breakfast have been shown to work faster and make fewer mistakes in math problems and to perform better on vocabulary tests than those who ate only a partial breakfast. They also show improved concentration, alertness, comprehension, memory and learning. http://frac.org/wp-content/uploads/breakfastforlearning-1.pdf and https://fns-prod.azureedge.net/sites/default/files/sbp/breakfast_talkingpoints.pdf

- The minimum of 30 minutes of serving time for breakfast allows an adequate time for students to eat, considering their school arrival time while not holding the child nutrition staff accountable for scheduling outside of their control, i.e. school buses and parent transportation, and before school athletic team and marching band practice time.
- During SY 2015-16, 347 Arkansas schools provided some form of alternative breakfast program for their students.

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

Resources (recommended but not limited to):

- Midwest Dairy Grant to Grow School Meals and Fuel Up to Play 60: https://www.fueluptoplay60.com/funding/general-information
- Arkansas Hunger Relief Alliance: https://www.arhungeralliance.org/programs/no-kid-hungry/
- Action for Healthy Kids: http://www.actionforhealthykids.org/tools-for-schools
- USDA: https://fns-prod.azureedge.net/sites/default/files/sbp/toolkit_waytoserve.pdf

6. **The Child Health Advisory Committee recommends that the Arkansas Department of Education Child Nutrition Unit encourages and promotes the use of locally-grown produce in all Child Nutrition Programs; training and technical assistance will be provided at least annually.**

Rationale: Farm to school programs provide an approach to connecting small farms to the school meal programs, encourages small farmers to sell fruits and vegetables to schools, and supports school in their efforts to buy locally. The program increases school/community involvement and improves students' knowledge of the food supply and careers. http://www.arkansased.gov/public/userfiles/Fiscal_and_Admin_Services/Child_Nutrition/Programs/Farm_to_School_FAQs.pdf

- AR Act 617 of 2017 requires each state agency set a goal to buy at least 10% of its food products from local farm or food products producers during fiscal year 2018 and increasing to 20% by fiscal year 2019. http://www.arkleg.state.ar.us/assembly/2017/2017R/Acts/Act617.pdf
- USDA procurement guidance allows for schools to indicate local preference in the food bidding process https://fns-prod.azureedge.net/sites/default/files/f2s/10Facts.pdf

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

Resources (recommended but not limited to):

- Arkansas Farm to School: http://www.arkansasfarmtoschool.org/
- USDA procurement guidance: https://fns-prod.azureedge.net/sites/default/files/f2s/10Facts.pdf

7. The Child Health Advisory Committee recommends funding similar to Joint Use Agreement, be secured to support the expansion of the Fresh Fruit & Veggie program.

Rationale: The USDA Fresh Fruit and Vegetable Program (FFVP) is designed to improve the overall diet quality of school children by providing healthful foods and helping children learn more healthful eating habits. Funding is allocated to schools with the highest percentages of low income students at a level of $50 to $75 per student over the school year. Schools must have 50% or more of the school's students eligible for free/reduced price meals.

- FFVP has been successful in introducing school children to a variety of produce that they otherwise might not have the opportunity to sample, as well as increasing their consumption by 1/3 cup per day. Additionally, in schools that provided the FFVP and nutrition education, students increased their fruit and vegetable consumption at school and at home.
- A study by the University of Arkansas – Fayetteville found that the Fresh Fruit and Vegetable Program causes a meaningful reduction in obesity of participating children.
- USDA FFVP FY 2018 funding allocation provided $2,526,844 to Arkansas which funded 136 schools. https://fns-prod.azureedge.net/sites/default/files/cn/SP35-2017os.pdf

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

Resources (recommended but not limited to): USDA FFVP Handbook: https://fns-prod.azureedge.net/sites/default/files/handbook.pdf

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

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

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

Resources (recommended but not limited to): American Heart Association Healthy Work[place Food and Beverage Toolkit: http://www.heart.org/HEARTORG/HealthyLiving/WorkplaceHealth/EmployerResources/Healthy-Workplace-Food-and-Beverage-Toolkit_UCM_465195_Article.jsp#.WuJU4C7wbDA

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

1. **At least 5 of the 9 days be limited to after lunch;**
2. **A change in schedule to any of the 9 days must include a minimum two week notice to school**

personnel, to include the child nutrition department; and

3. **Districts and schools should encourage the inclusion of healthy options and physical activity opportunities for students during events.**

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

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

Resources (recommended but not limited to):

- Alliance for a Healthier Generation – Healthy Celebrations: https://www.healthiergeneration.org/_asset/nvgd8g/13-6162_HSPHealthyCelebration.pdf
- Healthy Ways to Reward Kids: https://www.healthiergeneration.org/_asset/tljc7f/12-5933_NonFoodRewards.pdf
- Reward and Party Ideas: https://www.lrsd.org/sites/default/files/Wellness/2016/School%20Rewards%20and%20Parties%20Sheet%204.pdf

III. Improve Student Access to Quality Physical Education and Quality Nutrition Education

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

Rationale: The *Journal of the American Medical Association* (JAMA)(2007;297(24):2836.) lists incorporating "physical activity into daily life when children are young to prevent sedentary lifestyle associated with obesity" as a prevention method for childhood chronic diseases such as diabetes, high blood pressure, high cholesterol, asthma, sleep apnea, fatty liver disease, gallstones, etc.

- Quality physical education is a key part to a comprehensive school-based physical activity program and is essential to fulfilling the Whole School, Whole Community, Whole Child model of learning (Whole School, Whole Community, Whole Child, 2018).
- The physically literate individuals demonstrate competency in a variety of motor skills and movement patterns; apply knowledge of concepts, principles, strategies and tactics related to movement and performance; demonstrate the knowledge and skills to achieve and maintain a health-enhancing level of physical activity and fitness; exhibit responsible personal and social behavior that respects self and others; recognize the value of physical activity for health, enjoyment, challenge, self-expression and/or social interaction (SHAPE America, 2018).
- Health literacy is a stronger predictor of a person's health than age, income, employment status, education level, and race (JAMA, Feb 10, 1999)

Fiscal Impact: The fiscal impact of requiring curriculum will range based on the curriculum the school choses. Curriculum cost will vary on the size of the school district.

Resources (recommended but not limited to):

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

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

Rationale:

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

Fiscal Impact: The fiscal impact of requiring curriculum will range based on the curriculum the school chooses. Schools that choose to develop and approve their own curriculum based on meeting or exceeding the current standards could have a $0 impact. Schools that choose to purchase curriculum based on meeting or exceeding the current standards will have a varying cost dependent on the curriculum available for purchase and the size of the school district.

Resources (recommended but not limited to):

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

12. The Child Health Advisory Committee recommends professional development be required as follows for:

1. **Elementary classroom teachers certified in physical education should receive professional development of 6 hours for physical education and nutrition education with no less than 3 hours in nutrition education;**
2. **Licensed elementary classroom teachers who are not content certified in physical education but teach physical education should receive an additional 3 hours of physical education content; and**
3. **Secondary physical education and nutrition education teachers should receive no less than 6 hours of professional development in physical education and nutrition education with no less than 3 hours in nutrition education.**

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

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

Resources (recommended but not limited to):

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

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

Rationale:

1. The *Journal of the American Dietetic Association* found students understood basic nutrition concepts and made dietary changes based on knowledge they gained from college basic nutrition. (Nutrition Knowledge and Attitude Changes In College Students. Jahns, L. et al. *Journal of the American Dietetic Association* , Volume 98 , Issue 9 , A49)
2. The *Journal of the American Medical Association* (2007;297(24):2836.) lists encouraging " healthy eating habits beginning at an early age" to prevent poor nutrition associated with obesity as a prevention method for childhood chronic diseases such as diabetes, high blood pressure, high cholesterol, asthma, sleep apnea, fatty liver disease, gallstones, etc.

3. The *Journal of Nutrition Education and Behavior* "determined that opportunities to develop cooking skills by adolescents can result in long-term benefits for nutritional well-being in adulthood. Confidence in cooking ability led to fewer fast food meals, more meals as a family, and more frequent preparation of meals with vegetables in adulthood (*50*(5), 494-500. (2018))."
4. The Centers for Disease Control and Prevention (Whole School, Whole Community, Whole Child, 2018) describe a healthy school nutrition environment including opportunities "to learn about and practices healthy eating throughout the time children spend on school grounds."
5. Quality nutrition education is essential to fulfilling the Whole School, Whole Community, Whole Child model of learning (Whole School, Whole Community, Whole Child, 2018).
6. The National Academic Press states that "poor eating" increases the likelihood of poor educational outcomes which will have a direct impact on the future state of society (Nutrition Standards for Foods in Schools: Leading the Way Toward Healthier Youth, 2007).
7. According to the US Department of Education 14% of Americans are "below basic" and 22% are as a "basic" level of nutrition literacy. Poor nutritional literacy leads to decreased knowledge of illness management, increased hospitalizations, decreased use of preventive care services, and increased cost of healthcare (Orthopaedic Nursing, 2009, 28(1):27–32).

Fiscal Impact: None identified.

Resources (recommended but not limited to):

- Arkansas Department of Higher Education: http://www.adhe.edu/institutions/academic-affairs/concurrent-credit/
- Arkansas Department of Education Rules Governing Concurrent College and High School Credit for Students who have Completed the Eighth Grade: http://www.arkansased.gov/public/userfiles/rules/Current/ade_307_Concurrent_Credit_Rule_December_2012.pdf
- Education Commission of the States: http://ecs.force.com/mbdata/mbstprofexc?Rep=DC13P&st=Arkansas
- An Act to Amend Provisions of the Arkansas Code Concerning Concurrent Credit; and for Other Purposes: http://www.arkleg.state.ar.us/assembly/2017/2017R/Acts/Act1118.pdf

IV. Enhancing Awareness of Environmental Factors among Decision and Policymakers

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

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

Fiscal Impact: None identified.

Resources (recommended but not limited to): https://www.archildrens.org/media/file/82089%20Natural%20Wonders%20Action%20Plan.pdf

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

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

Fiscal Impact: None identified.

Resources (recommended but not limited to):
https://www.acesconnection.com/fileSendAction/fcType/0/fcOid/470108789153908860/filePointer/470108789154224730/fodoid/470108789154224717/Arkansas%20TIC%20and%20ACEs%20Info%20Sheet.pdf