

# 2020 School Health Annual Report



DIVISION OF ELEMENTARY  
& SECONDARY EDUCATION

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## Forward

Schools were officially closed March 17, 2020 and did not return for the remainder of the 2019-2020 school year. Under the guidance of Governor Asa Hutchinson, schools were closed to mitigate the spread of COVID-19. The information in this report was gathered prior to the massive change to our daily lives. Schools are now the hubs for online teaching, parking lot wi-fi, and meal pick-up destinations. Buses are delivering meals and Alternative Methods for Instruction (AMI) packets to homes. Administration and staff are checking in with students on-line, by phone, and in person while practicing social distancing guidelines. Some School-Based Health Centers remain open. School health coordinators have taken on various responsibilities in districts, doing whatever is needed, which is the sentinel characteristic of school health coordinators. The school health services (SHS) team has been meeting via zoom to address the challenges of completing data entry for Body Mass Index (BMI) eSchool, completing a funding opportunity cycle for School-Based Health Centers, transferring all trainings on-line, and keeping communication lines open with our partners and stakeholders. Funding partners have stepped up to address the issues with grants for schools. School health budgets have been reevaluated to address the current situations. Travel has been halted. The SHS team is working hard to make sure schools have the information needed to find and apply for available school health funding. We are also helping schools navigate the changes in professional development platforms and processes. It is imperative that we keep our focus on the whole child while we pivot our strategies. It is an uncertain time and people are scared. The SHS team is committed to providing the best possible resources to Arkansas schools. I am overwhelmed as I reflect on all that is being done and the daunting task before us. Thank you for picking up the 2020 Arkansas School Health Services Annual Report.

- Tamara Baker





## Coordinated School Health (CSH)

The Arkansas Coordinated School Health Program is founded on the ten components of the Whole School, Whole Community, Whole Child Model (also referred to as the Whole Child Model) which is a nationally recognized model recommended by the Association of Supervision and Curriculum Directors (ASCD) and the Centers for Disease Control and Prevention (CDC).

In 2018, Arkansas was one of 17 states awarded the Improving Student Health and Academic Achievement Through Nutrition, Physical Activity and the Management of Chronic Conditions in Schools (DP18-1801 Healthy Schools) five-year grant. This grant is a collaborative agreement between the Arkansas Department of Health (ADH) School Health Services (SHS) and the Division of Elementary and Secondary Education (DESE) SHS. State grantees support the implementation and evaluation of evidenced-based strategies and activities to:

- Prevent obesity and reduce the risk of children developing chronic diseases
- Manage students' chronic health conditions including asthma, food allergies, seizure disorders, diabetes, other diseases, and disabilities or conditions



Striving to prevent obesity and chronic disease, SHS provides enhanced training and technical assistance to six priority school districts. Priority districts were selected by identifying the highest need in the following categories: obesity, free and reduced lunch rates, and prevalence of chronic disease. The priority school districts received training and funding to support nutrition, physical activity, and chronic disease management.

The SHS team also expanded the original school health support team which was previously referred to as the “Core Team” into the Statewide School Health Coalition, with representation from over 40 agencies, organizations, departments, and coalitions. These coalition members work together to promote and support healthy school environments by providing resources, funding opportunities, and professional development to schools participating in CSH.

Arkansas children and adults rank high in the nation’s obesity rates, beginning as early as age 2. Furthermore, at least 38% of Arkansas students have one or more chronic conditions. Schools participating in CSH receive resources to improve health and combat the obesity epidemic. In Arkansas, there are over 90 school districts (including the six priority school districts) participating in the CSH program. Together they represent over 250,000 k-12 students. Approximately 75 school district representatives attend quarterly professional development meetings and are better positioned to serve the whole child in their districts because of the information and resources offered by SHS staff and the Statewide School Health Coalition. Topics of professional development offered in the 2019-2020 school year included school wellness policies, School Health Index reporting, social-emotional climate, mental health in schools, physical activity in and out of school time, physical education, and the Comprehensive School Physical Activity Program.



## Act 1220 of 2003

Act 1220 of 2003 focuses on creating healthy environments for children. The Act created the Child Health Advisory Committee (CHAC). Community Health Promotion Specialists (CHPS) and SHS staff engage schools and communities in strategies to prevent and reduce childhood obesity. Highlights from 2019 include the following:

- The Child Health Advisory Committee began drafting new recommendations to present to the Arkansas Board of Health and the Arkansas Board of Education
- School wellness toolkit updates
- Body Mass Index (BMI) assessment trainings provided for new school nurses
- Active Recess training provided to teachers at Walnut Ridge Educational Cooperative Service
- Assessing Wellness in Your School training for wellness committees provided at the August Coordinated School Health Meeting
- School District Health and Wellness Improvement reporting in Indistar increased from 64% to 75%

The requirements of Act 1220 of 2003 have led to improvements in physical education, nutrition, BMI assessment, and BMI data reporting. Quality policies and assessment methods promote health and wellness.

## Student Wellness Advocacy Group

In 2018 and 2019 school years the SHS office partnered with the Arkansas Department of Health's Tobacco Prevention and Control Program (TPCP) to offer schools serving grades 7-12 funding opportunities to develop Student Wellness Advocacy Groups (SWAGs). These groups were required to participate in web-based monthly health education training on topics such as: (2018) reducing sugar sweetened beverages; what is physical education vs. physical activity in a school setting; nutrition 101 and MyPlate; mindfulness and mental health; harms of Juuling; (2019) how to set nutrition goals and model good nutritional choices; the cognitive triangle: how our thoughts, emotions, and behaviors interconnect; what is considered best practices in school physical education and physical activity; how built environment encourages inclusiveness in communities and schools; how to become a Master Wellness Ambassador with the Cooperative Extension; harms of tobacco and "vaping" products; and how to properly advocate for changes on any level. In addition to TPCP, partners included:

- University of Arkansas Division of Agriculture, Cooperative Extension Service;
- SHAPE America;
- Arkansas Department of Education, Division of Elementary and Secondary Education, Office of School Health Services;
- Conway High School;
- University of Arkansas, College of Education and Health Professions; and
- Project Prevent Youth Coalition.



The SWAGs participate in youth-led, action-oriented activities that address social norms about health. These initiatives are done with the vision of improving local and statewide health policies and initiatives that are of particular interest and importance to Arkansas youth.

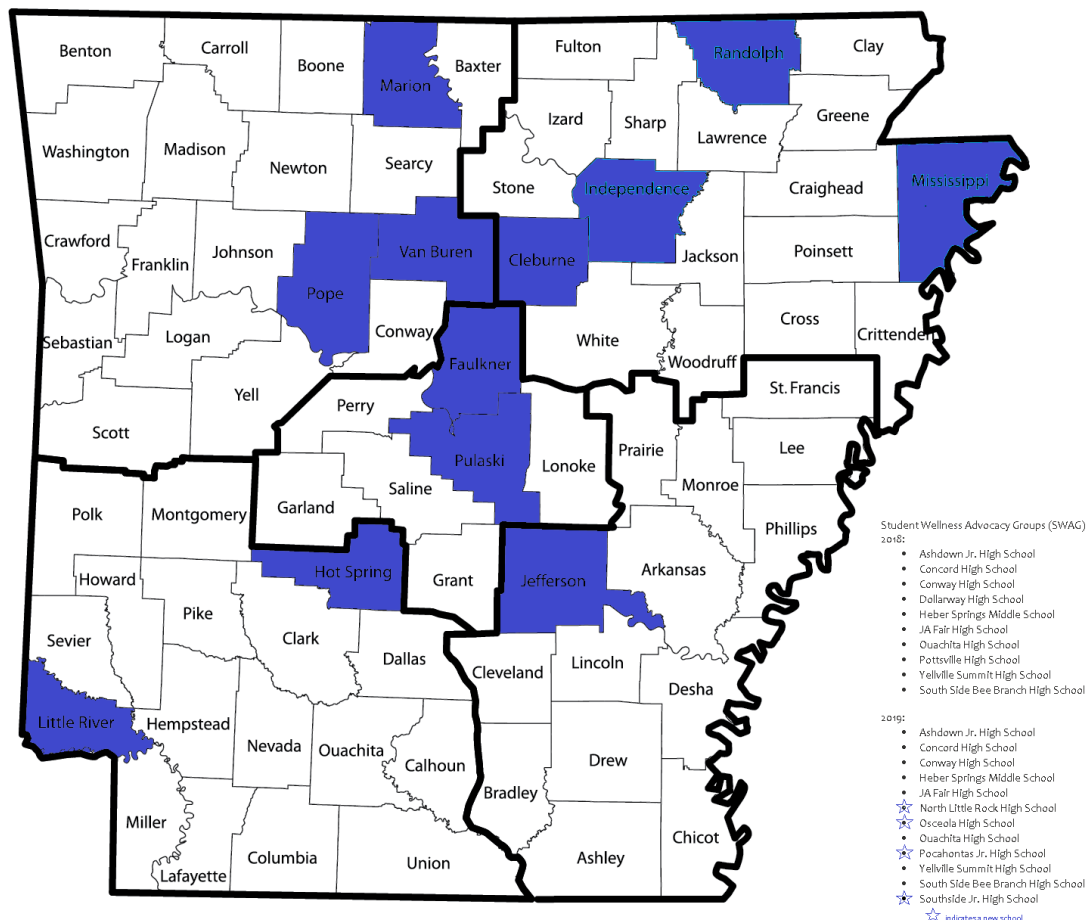
The 2018 schools were:

- Ashdown Jr. High School
- Concord High School
- Conway High School
- Dollarway High School
- Heber Springs Middle School
- JA Fair High School
- Ouachita High School
- Pottsville High School
- Yellville Summit High School
- South Side Bee Branch High School

2019 schools are:

- Ashdown Jr. High School
- Concord High School
- Conway High School
- Heber Springs Middle School
- JA Fair High School
- North Little Rock High School
- Osceola High School
- Ouachita High School
- Pocahontas Jr. High School
- Yellville Summit High School
- South Side Bee Branch High School
- Southside Jr. High School

In April of 2019 the SWAG student conference was held and youth shared their successes, failures, and goals for the next year. During the conference the SWAGs projects were highlighted to show the impacts it had on students, their schools, and communities. During a student health panel, students shared ideas on how to improve school health and how public health and school leaders can better communicate with them.



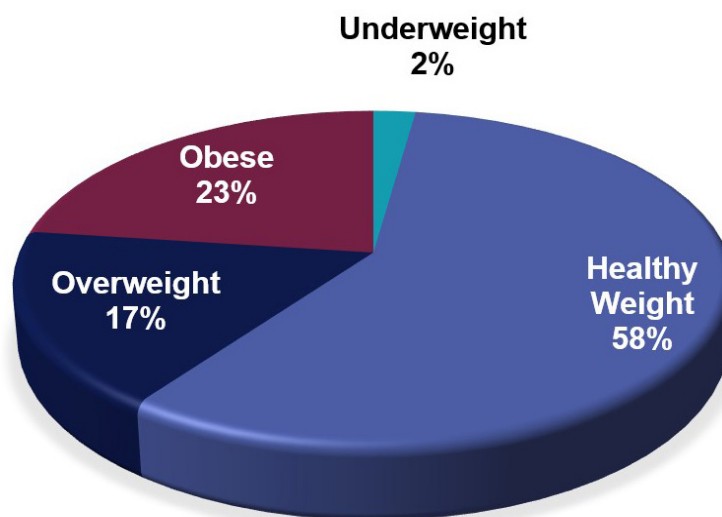
## Data Collection

The ADH SHS contracts with the Arkansas Center for Health Improvement (ACHI) to collect student Body Mass Index (BMI) information from schools and create student, school, district, and state level reports each year.

The full 2018 report, “Assessment of Childhood and Adolescent Obesity, Year 16”, (Fall 2018-Spring 2019), can be found at <https://www.achi.net>. Results are reported from 252 of the 263 Arkansas school districts from grades Kindergarten, 2, 4, 6, 8, and 10. Eleven school districts either did not submit data or the data submitted was not sufficient to analyze.

Annual student BMI assessment provides trend data which can be used to support changes within public schools to encourage healthier lifestyles. In Year 16 (2018–19), 40.0% of Arkansas students were classified as overweight (BMI for age is greater than or equal to the 85th percentile and less than the 95th percentile) or obese (BMI for age is great than or equal to 95th percentile).

### Year 16 Student BMI Classification for Arkansas Public School Students



Youth Risk Behavior Survey (YRBS) and School Health Profiles (SHP) data are used to address gaps and barriers at the local and state level. YRBS and SHP are conducted every two years: YRBS during odd numbered years and SHP during even numbered years. Having weighted, state-level data provides schools, local and state agencies, community partners, and interested stakeholders with a snapshot of what is occurring in our schools related to policy, programming, and student risk behaviors. Trend data is used to monitor progress over time. Prevention efforts and policy implementation can be addressed when looking at this data. The YRBS data provides the foundation for “why” schools need effective policy and program implementation, as well as “why” we need to continue to collect and obtain weighted YRBS and Profiles data.

Detailed results are available at the following websites:

Centers for Disease Control and Prevention YRBS Results.

<https://www.cdc.gov/healthyyouth/data/yrbs/results.htm>

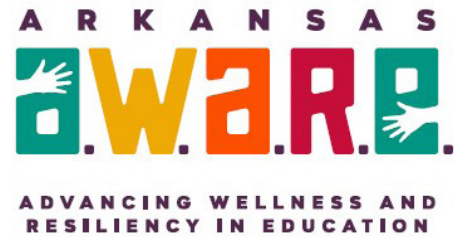
Centers for Disease Control and Prevention School Health Profiles.

<https://www.cdc.gov/healthyyouth/data/profiles/index.htm>



# School-Based Mental Health

The Arkansas School-Based Mental Health Program works with schools to provide and promote access to mental health services. School-Based mental health allows for prevention and early intervention while maintaining clear communication with all involved in student success. By making mental health a part of everyday student life, a school-based mental health program can have a positive impact on student life and school climate.



## Arkansas AWARE

Arkansas AWARE has three goals:

- To provide better team-based care and services for students needing mental health services.
- To increase the outreach and contact among students, families, schools, and community to increase mental health awareness and implementation of services/programs.
- To develop a strong foundation that will ensure better mental health programs/services and will continue to grow when the grant funding ends.

Program activities have focused on:

- To develop school mental health best practice programs in the designated pilot locations: Texarkana, Marvel-Elaine, and OUR Cooperative (Ozark Mountain, Valley Springs, Eureka Springs);
- Developing a statewide infrastructure of support and training for school personnel in Mental Health First Aid, Trauma Informed Schools, and Adverse Childhood Experiences programs and initiatives; and
- Promoting a safe, supportive, and positive school environment for students, staff, educators and the community.

In Year 1 of the Arkansas AWARE project, there were 4 required key indicators to be tracked (policy development, workforce development, partnerships/collaborations, and trainings). With the exception of policy development, Arkansas AWARE exceeded its goals for the year by at least 100%. For example, AWARE anticipated providing workforce development training to approximately 150 individuals. This goal was met by the third quarter with activities such as attendance at various mental health-related conferences, a presentation at a school nurse mental health forum, and delivery of Youth Mental Health First Aid (YMHFA) training. More trainings occurred in the fourth quarter, including community trainings such as YMHFA childhood trauma, building rapport with students, and suicide prevention.



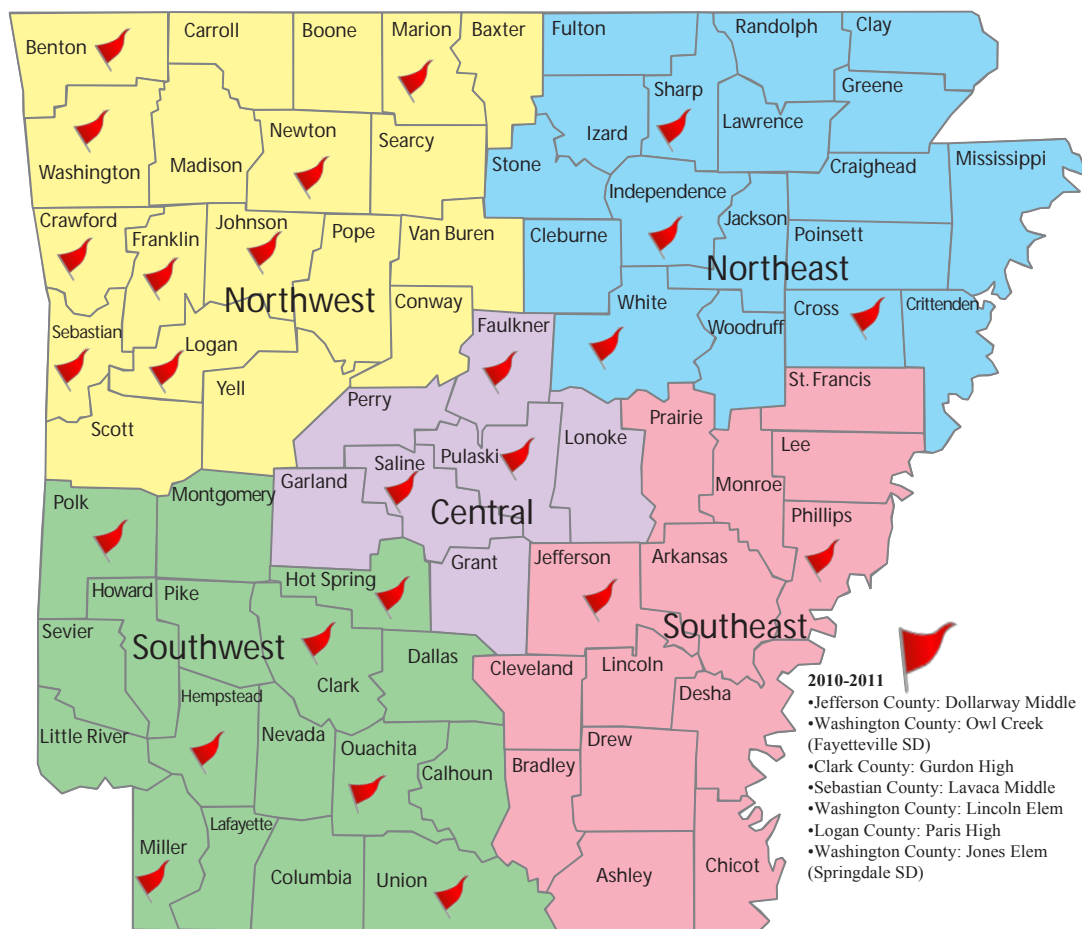
# School-Based Health Centers

School-Based Health Centers (SBHC) provide students access to health care in a location that is safe, convenient, and accessible in their school. SBHCs are staffed by licensed professionals with the experience and expertise to deliver quality care addressing the broad range of concerns affecting students' healthy development (<https://www.sbhaar.org>).

- 37 sites are state-funded to provide mental health and physical health services on school campus.

SBHCs provide physical and mental health care when and where needed. Families and staff receive support with their healthcare needs, insurance, enrollment concerns, and a variety of health education opportunities. Although governed and administered separately from the school, SBHCs integrate into the education environment to support the school's mission of student success.

## School-Based Health Centers 2010 - 2019



### 2011-2012

- Cross County: Cross County Elem
- Logan County: Magazine Elem
- Polk County: Acorn Elem (Ouachita River)

### 2012-2013

- Newton County: Jasper High
- Johnson County: Lamar
- Washington County: Prairie Grove

### 2013-2014

- Crawford County: Cedarville Elem
- Union County: El Dorado Elem
- Pulaski County: Stephens Elem (LRSD)
- Benton County: Siloam Springs Elem
- Washington County: George Elem (Springdale SD)
- Marion County: Yellville- Summit Elem

### 2014-2015

- Independence: Southside Elem (Batesville)
- Hot Springs County: Malvern Elem

### 2015-2016

- White County: Bradford Elem
- Saline County: Bryant Elementary
- Franklin County: Charleston Elem
- Union County: Smackover Elem

### 2017-2018

- Ouachita County: Camden Fairview
- Washington County: Elkins
- Phillips County: Marvell- Elaine

### 2010-2011

- Jefferson County: Dollarway Middle
- Washington County: Owl Creek (Fayetteville SD)
- Clark County: Gurdon High
- Sebastian County: Lavaca Middle
- Washington County: Lincoln Elem
- Logan County: Paris High
- Washington County: Jones Elem (Springdale SD)

### 2018-2019

- Sharp County- Highland High
- Hempstead County-Hope High
- Washington County- Parson Hills Elem (Springdale SD)

### 2019-2020

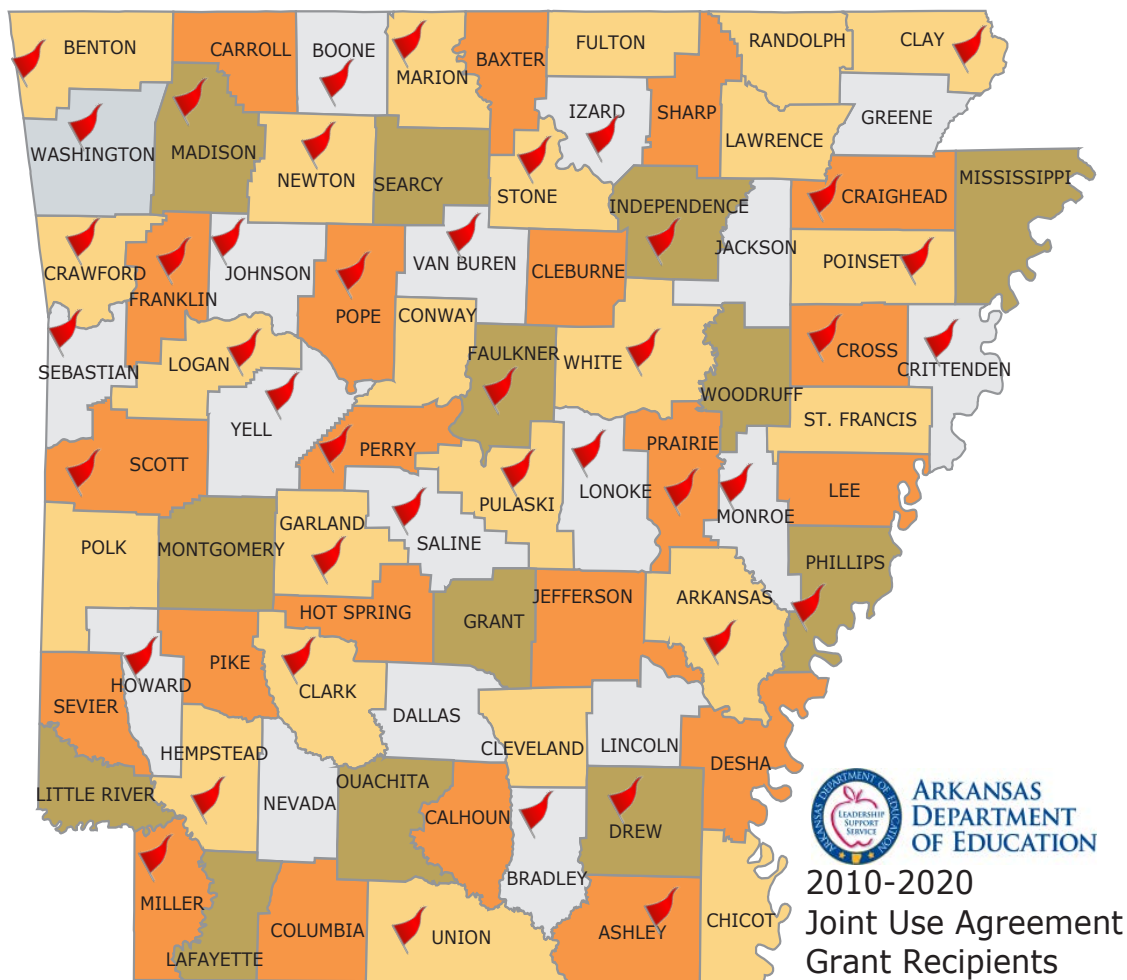
- Logan County: Boonville Elem
- Pulaski County: Chicot Elem (LRSD)
- Faulkner County: Ida Burns Elem (Conway SD)

# Joint Use Agreements (JUA)

The DESE SHS supports Joint Use Agreement (JUA) grants. JUAs promote healthy lifestyles through community partnerships by encouraging schools and other community organizations to share indoor and outdoor spaces such as gymnasiums, athletic fields, playgrounds, and walking tracks to increase opportunities for children and adults to become more physically active and lead healthier lifestyles.

JUAs provide funding to schools to create safe places for students and community members to play and exercise in and out of school time. Infrastructure that promotes an active lifestyle is a necessary component in the achievement of education and health goals.

## Partnering for Healthy Communities





## Medicaid in the Schools (MITS)

Arkansas public school districts may submit claims to Medicaid for reimbursement for eligible services. These services may be provided by school district employees, contracted employees, or agencies. Services that must be included in the Individualized Education Plan (IEP) are physical therapy services, occupational therapy services, speech-language pathology services, and personal care assistant services. Services and administrative duties for general education and special education students are Early Periodic Screening, Diagnosis, and Treatment (EPSDT); vision and hearing screenings; school-based mental health services; and audiology services. (<http://dese.ade.arkansas.gov/divisions/learning-services/school-health-services/arkansas-medicaid-in-the-schools>). In 2019, MITS provided the following:

- 22 personal care trainings
- 16 general professional development regarding Medicaid and/or health services
- Provided intense direct technical assistance to 45 districts and 8 educational cooperatives

Medicaid Reimbursed Services Provided in 2019:

- Physical Therapy - \$4,984,130.08
- Occupational Therapy - \$10,054,500.63
- Speech Therapy - \$12,063,905.60
- Personal Care - \$1,483,580.20
- School-based Mental Health - \$63,112.71
- Vision/Hearing Screens - \$1,696,970.27
- Audiology - \$13,874.70
- ARMAC - \$15,162,138.35

MITS staff assist district administration to ensure maximization of Medicaid reimbursement, budgeting, and use of Medicaid funds. MITS staff also monitor the efficiency of districts' Arkansas Medicaid Administrative Claiming (ARMAC) programs and assist districts in complying with state and federal Medicaid mandates. Professional development opportunities are offered, in addition to providing certification trainings that enable nurses, paraprofessionals, and other health services' staff to meet Medicaid billing standards. MITS staff assist district personnel in planning for sustainability of health programs and educate districts on use of funds, including Medicaid reimbursements, National School Lunch Act (NSLA), and Title I. MITS staff also serve as liaisons between school districts and Medicaid.

2019 School-Based Medicaid Profile (2/07/2020). Arkansas State Totals. Retrieved from <http://dese.ade.arkansas.gov/divisions/learning-services/school-health-services/arkansas-medicaid-in-the-schools>

## School Nurse

School nurses are the bridge between healthcare and education on school campuses; by coordinating care, advocating for students, and working as a part of a team, school nurses help ensure every student reaches their potential. SHS staff and partners provide guidance and professional development for school nurses.

- 70% of school nurses were trained as trainers for the Stop the Bleed (STB) program and received STB Kits to place in their schools. STB increases capacity at schools for rapid response to hemorrhagic bleeding.
- In 2019 2020 school year, DESE, Arkansas Children’s Hospital (ACH), and ADH partnered to form a School Nurse Advisory Committee for the School Nurse Academy (SNA).
  - The Arkansas School Nurse Academy, a one-day workshop, was hosted in five different locations around the state with 208 school nurses participating. The workshop provided resources and in-depth training to prepare school nurses to manage complex health issues of Arkansas school children. The SNA content was on specific disorders, evidence-based practices, and quality improvement. This year the SNA topics were asthma, school nurse advocacy, and hearing devices.
  - In 2019, 36 school nurses completed the Arkansas School Nurse Residency program, a week long experience using lecture, simulation, and clinical experiences, that included Pediatric Advanced Emergency Assessment Recognition and Stabilization Course (PEARS) certification. The program assisted nurses in developing practical application for skills and assessment by networking with different staff, outreach programs, and partners, helping to establish case management of acute and chronic conditions for school-age children.



# School Nurse Survey Results

The DESE collects student healthcare data on an annual basis, to assist in the development of health recommendations and guidelines based on identified needs. This data is used to provide a report to the school board of directors on the district's health concerns and necessities.

The 2018 annual School Nurse Survey included reports from 839 school nurses. According to the survey 37.5% of students have one or more of the below chronic conditions, this includes obesity:

- 44,934 ADHD
- 37,701 Asthma
- 1,672 Diabetes (Type I and II)
- 3,934 Seizures
- 11,453 Life-Threatening Allergies

Additionally, school nurses are essential in providing and coordinating 16,166 students receiving a long-term prescription at school and 7,681 students receiving a short-term prescription at school. School nurses also coordinate care for students receiving mental health services with 27,755 students receiving services on campus and 6,107 students receiving services off campus.

Having a school nurse on campus has resulted in 2,314,275 students being able to return to class, 198,295 students sent home due to illness, 39,883 students sent to a health care provider, 1,004 students taken to receive immediate care through 911 emergency services, and 10,151 students sent to a provider or a school-based health center on-campus for additional services.

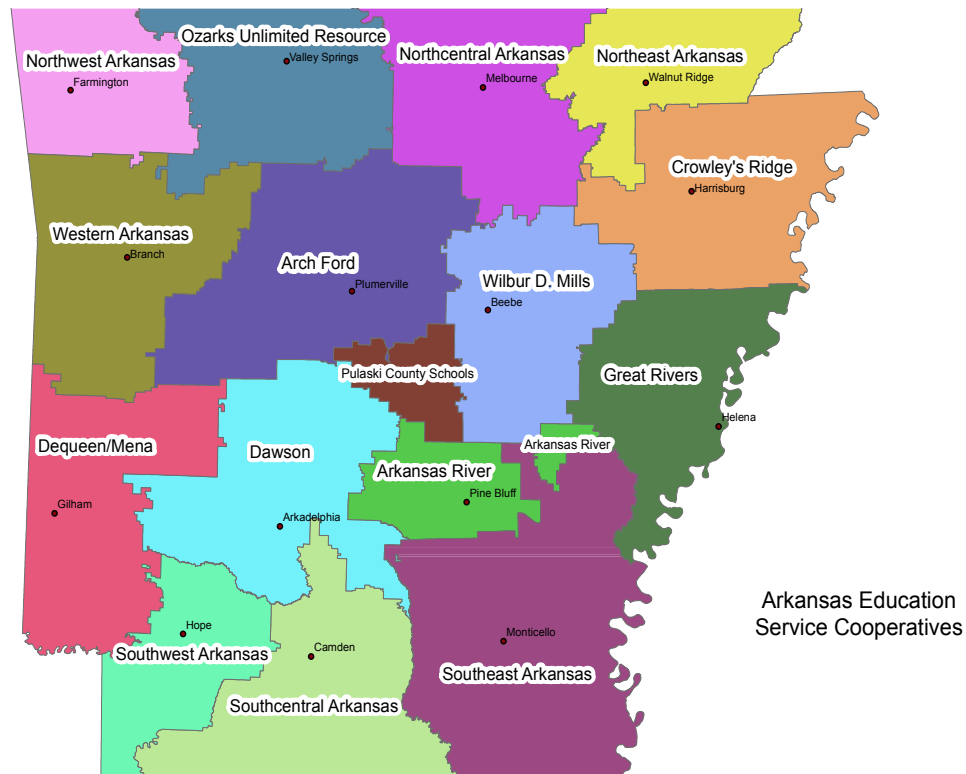
School nurses are key to making sure students receive vision screening. School nurses provided vision screenings for 264,074 pre-K through 12th grades students. Of those students seen, 27,730 were found to need to be seen for a full eye exam. The goal is to make sure every student is seen by a physician, but due to many different situations sometimes that does not happen. Only 9,703 of those students were able to get a full eye exam; of these students, 8,074 had confirmed vision trouble needing glasses/contacts or other treatment. The school nurses have an 83% rate of accuracy for school vision screenings.





# Community Health Nurse Specialists/Community Health Promotion Specialists

The ADH Community Health Nurse Specialists (CHNS) and CHPS work collaboratively with the DESE to improve the health of Arkansas students. There are 16 CHNS and 6 CHPS housed in the 15 educational cooperatives around the state that work directly with school staff, nurses, students, and communities.



The CHPS/CHNS provide education on programs that promote positive health behaviors, including tobacco prevention, healthy nutrition, and physical activity. Education is also provided on emergent public health issues, including injury, suicide, substance abuse, influenza prevention, chronic disease, and healthy adolescent relationships. The CHNS and CHPS provided more than 1,740 educational opportunities to schools and the communities served by those schools.

CHNS support school nurses by providing technical assistance, training for health screenings, and professional development opportunities. CHPS work directly with school wellness committees to promote activities and provide training on programs that teach healthy behaviors to students, families, and communities. This unique partnership between ADH and DESE assures that education and health are integrated to improve the health and well-being of Arkansas students.

## For More Information

Find out more about school health, where you fit in, and how to engage your school by contacting us.

### **Division of Elementary and Secondary Education**

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Four Capitol Mall, Mail Slot #14  
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501-280-4061



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