



Child Health Advisory Committee
Minutes
July 9, 2026, · 9:00 a.m. – 10:00 a.m.

Call to order: 9:03 a.m.

Hybrid Meeting

Present: Shannon Borchert, Carole Garner, Teresa Henson, Nathan Morris, Jennifer Morrow, Lisa Mundy, Carmel Perry, Camille Richoux, Ray Samaniego, Jennifer Wessel

Absent: Ashten Black, Wendy Blount, Patrick Casey, Dave Oberembt, Elaine Prewitt, Bala Simon, Anna Strong

Staff: Shanetta Agnew, Shy Whitley-Smith

Guests: Amy Davidson, Taylor James, Cheria McDonald, Madison Morris, Laken Ross, Lauren Sermersheim

Review of minutes: Due to no quorum being present, the June minutes will be tabled for approval until the August meeting.

Act 1220 & Coordinated School Health Reports: Due to no quorum being present, the June reports will be tabled for approval until the August meeting.

June, Act 1220 Coordinator Report (Shanetta Agnew & Shy Whitley):

- 2026-2027 SHI results:

Rejected Comments	Count of 2026-2027 SHI Final Approval
Approved	926
Missing Required Module(s)	38
Missing Required Topic(s)	1
Missing SHI Assessment	77
Blanks	1
Grand Total	1043

June, Coordinated School Health Advisor Report (Lisa Mundy & Ariel Rogers):

- Physical Education professional development for physical fitness assessments:
 - 114 teachers
 - 38 LEAs
 - 1 private school



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Old Business:

Officer Elections-C. Richoux agreed to serve as CHAC chair and J. Morrow agreed to serve as CHAC Vice-chair for FY27 term, but due to no quorum being present; S. Agnew will follow up on next steps prior to the August meeting.

New Business:

S. Agnew shared with the group information on two areas of focus to consider for development of the FY27 recommendations.

- Health Education Curriculum Analysis Tool (HECAT) & Physical Education Curriculum Analysis Tool (PECAT)
 - S. Borchert shared it is a part of the ADH strategic plan to assess what's being taught around physical education and physical activity but wanted to get CHAC members' feedback regarding this consideration. J. Wessel inquired about whether schools are currently implementing the assessment and what data could be retrieved from this. L. Mundy shared that the assessment tools can be used, but there's information you're not going to get, she wasn't sure what type of data you would obtain from it. The main goal of the curricula analysis is what's being taught; what needs to be taught; how much the curriculum costs; does it align with standards; and does it align with the community expectation of health education.
- Surgeon General's Warning on the Harms of Screen Use
 - J. Wessel inquired if there was a section in the publication that was broken down for different groups on best practices to reduce screen use and if there was a section for schools. S. Agnew will follow up with P. Casey on his findings and develop a subcommittee interest in this topic.



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Presentation: Taylor James, Education Professional at the Arkansas Department of Education; 2026 AR State Profiles

(slides are below)

Arkansas School Health Profiles 2026: Key Findings and CHAC Implications

Taylor James, MPH, CDC Surveillance Coordinator
Arkansas Department of Education
School Health Services



Purpose

CHAC's Mission and Goals

CHAC focuses on improving school nutrition, reducing childhood obesity, and supporting data-informed school health policies in Arkansas.

Understanding School Health Profiles

School Health Profiles track implementation of policies on nutrition, physical activity, health education, and school health services.

Youth Risk Behavior Survey Role

The Youth Risk Behavior Survey captures student-reported health behaviors complementing school policy data for a fuller health overview.

Data-Driven Decision Making

Using combined survey data helps CHAC guide policy and support efforts to enhance child health statewide effectively.





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What are School Health Profiles?



What School Health Profiles Measure and Why They Matter

- Profiles provide biennial data on school health policies to guide improvements in student wellness
- Focus areas include:
 - Health education
 - Physical activity
 - Nutrition
 - Health services
 - Supports for chronic conditions
 - Professional Development for health educators and staff
- Profiles help address childhood obesity by improving school environments and wellness standards
- Provides side-by-side comparison with other states who also participate in Profiles
- Without Participation:
 - Gaps go unseen
 - Needs go underrepresented
 - Funding and support may not align

2026 Arkansas Profiles Participation



- Profiles depends on Principal and Lead Health Teacher Participation
- Ensures data reflects real school practices across Arkansas

2026 Participation

- 291 schools selected statewide
- 226 Principals participated (~80%)
- 218 Lead Health Teachers participated (~75%)

Highest Response Rate in Arkansas in Many Years



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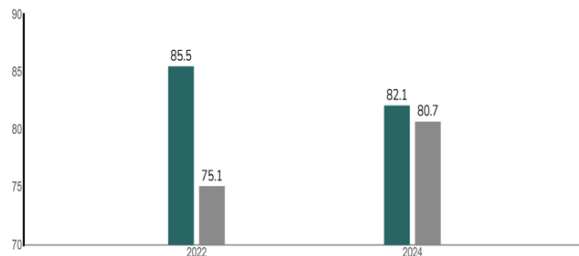
Key Findings



Related to Nutrition, Physical Activity, and Health Services

Implemented Nutrition-Related Practices

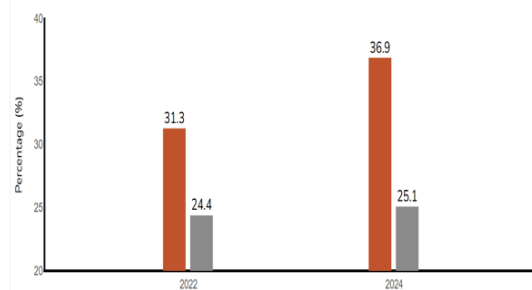
Placed fruits and vegetables near the cafeteria cashier, where they are easy to access



Have a School-Based Health Center that Offers Health Services to Students

Compare: ○ None ● Nationwide

Arkansas Nationwide



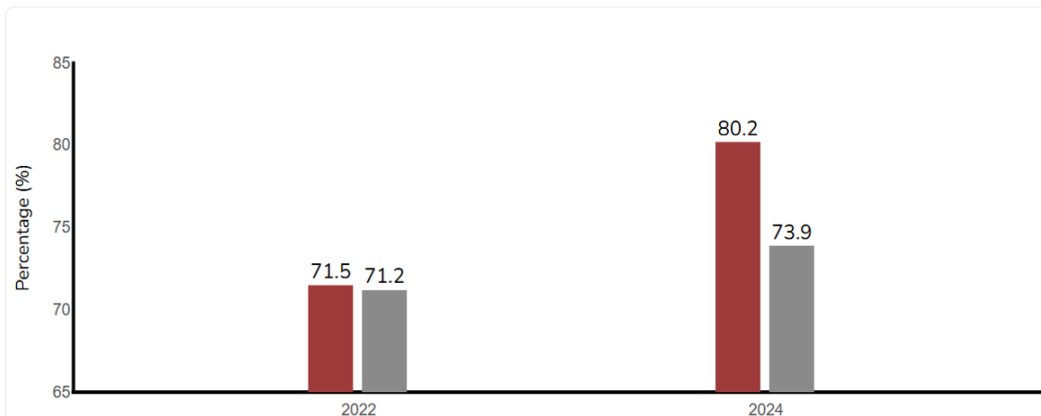
Key Findings: Physical Activity



Offer Opportunities For All Students to be Physically Active During the School Day

Compare: ○ None ● Nationwide

Arkansas Nationwide





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Using Profiles Data



Guiding Policy and Support Schools

Evaluating Policy Effectiveness

Profiles data highlights what's working and where policies need strengthening

Addressing Implementation Gaps

Data shows differences across districts, pointing to areas needing targeted support

Coordinated Prevention Approach

Aligning nutrition, physical activity, and health education strengthens obesity prevention.



Youth Risk Behavior Survey (YRBS)



Why This Data Matters

Identifies student risk behaviors and experiences on a state and national level

- Students are coming to school with **significant health and behavioral challenges** that directly impact learning:
 - Obesity and Physical Health
 - Anxiety, Depression, and Suicide Risk
 - Teen Pregnancy
 - Behavioral and Mental Health Needs

Arkansas Key Disparities

- Arkansas ranks 49th in the nation in **teen birth rate** (23.8 per 1,000 vs. 13.1 U.S. average)
- Arkansas ranks 46th for youth mental health outcomes (higher rates of **depression, suicidal thoughts, and unmet need for services**)
- Arkansas ranks 48-49th overall nationally on **overall health rankings**
- Arkansas is among the bottom tier of states for **obesity and mental distress**
 - Reflects long-term, systemic health challenges



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YRBS



Obesity

Obesity, Overweight And Weight Control

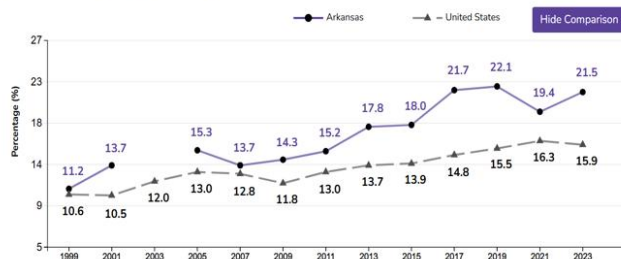
High School Students Who Had Obesity*

Location

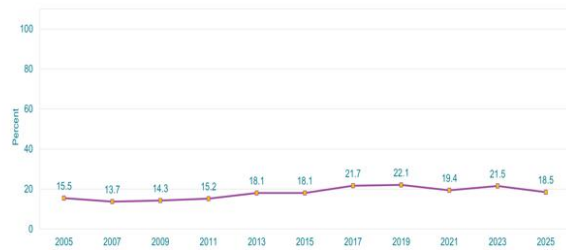
Patterns Over Time

We are tracking the prevalence of obesity over time.
Arkansas observed an **increase** from 2005 to 2023.[†]
The United States observed an **increase** from 2003 to 2023.^{††}

[View Table in Youth Online](#)
[Share Link](#)



Percentage of High School Students Who Had Obesity,* 2005-2025[†]



* ≥ 95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts. In 2017, new, slightly different ranges were used to calculate biologically implausible responses to height and weight questions.
[†]Increased 2005-2025, increased 2005-2019, no change 2019-2025 (Based on linear and quadratic trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade ($p < 0.05$). Significant linear trends (if present) across all available years are described first followed by linear changes in each segment of significant quadratic trends (if present).
This graph contains weighted results.

Arkansas - YRBS, 2005-2025 - QNOBESE

YRBS



Nutrition

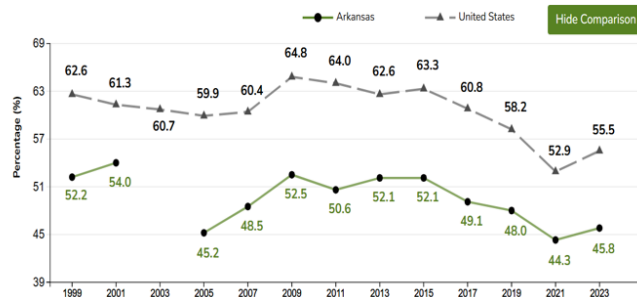
High School Students Who Ate Fruit Or Drank 100% Fruit Juices One Or More Times Per Day*

Location

Patterns Over Time

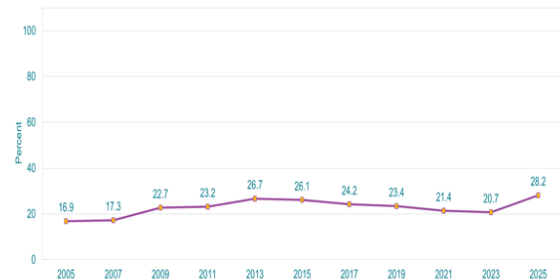
We are tracking the prevalence of fruit consumption ≥ 1 time over time.
Here's what's been happening in Arkansas.[†]
The United States observed a **decrease** from 2003 to 2023.^{††}

[View Table in Youth Online](#)
[Share Link](#)



* Such as orange juice, apple juice, or grape juice, not counting punch, Kool-Aid, sports drinks, or other fruit-flavored drinks, during the 7 days before the survey.

Percentage of High School Students Who Ate Fruit One or More Times Per Day,* 2005-2025[†]



[†]During the 7 days before the survey.
[†]Increased 2005-2025, increased 2005-2013, no change 2013-2025 (Based on linear and quadratic trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade ($p < 0.05$). Significant linear trends (if present) across all available years are described first followed by linear changes in each segment of significant quadratic trends (if present).
This graph contains weighted results.

Arkansas - YRBS, 2005-2025 - QNFRUIT1



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YRBS



Physical Activity

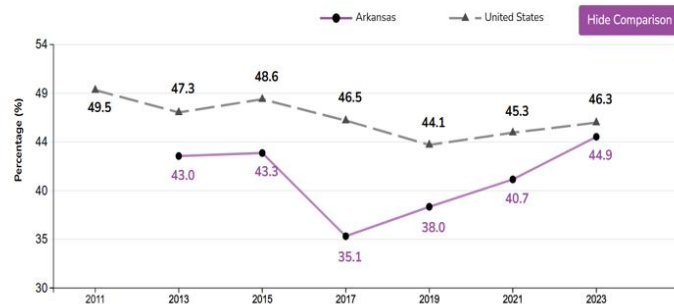
High School Students Who Were Physically Active At Least 60 Minutes Per Day On 5 Or More Days*

Location Arkansas

Patterns Over Time

We are tracking the prevalence of physical activity ≥ 5 days over time.
Here's what's been happening in undefined.[†]
Here's what's been happening in The United States.^{††}

[View Table in Youth Online](#)
[Share Link](#)



* In any kind of physical activity that increased their heart rate and made them breathe hard some of the time during the 7 days before the survey.

Percentage of High School Students Who Were Physically Active at Least 60 Minutes Per Day on 5 or More Days, 2011-2025[†]



[†]In any kind of physical activity that increased their heart rate and made them breathe hard some of the time during the 7 days before the survey.
^{††}Increased 2011-2025; no change 2011-2019; increased 2019-2025 (Based on linear and quadratic trend analysis using logistic regression models controlling for sex, race/ethnicity, and grade ($p < 0.05$). Significant linear trends (if present) across all available years are described first followed by linear changes in each segment of significant quadratic trends (if present). This graph contains weighted results.

Arkansas - YRBS, 2011-2025 - QN73

2027 YRBS



Looking Ahead

Data Insights for CHAC

YRBS data complements School Health Profiles to reveal links between school policies and student behaviors

Planning for 2027 YRBS

- YRBS is adding gambling to the questions asked





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Key Takeaways and Opportunities



Progress in School Health

Meaningful advances are seen in nutrition standards and physical activity opportunities in Arkansas schools.

Ongoing Health Challenges

Challenges remain in consistency, mental and behavioral health supports, and capacity for implementation.

Data-Driven Recommendations

CHAC can use data from Profiles and YRBS to guide practical, evidence-based school health strategies.

Future Opportunities

Prioritizing discussion, refining standards, and enhancing collaboration will strengthen health outcomes for students.

THANK YOU



Contact:

Taylor James, MPH, CDC Surveillance Coordinator

Taylor.James@ade.arkansas.gov

870-260-3567



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S. Agnew inquired about when the YRBS selection process begins and how often the survey questions are revised. There have been some changes regarding tobacco, ACEs, and sexual health. J. Wessel asked if the report was available and if it will not be available for a few more months due to final revisions.

No additional comments/feedback was made from CHAC; S. Agnew will include the presentation slides in the meeting minutes.

Member & Non-Member Updates/Announcements:

- DESE Summit July 14-16, 2026; Hot Springs Convention Center
- Natural Wonders Partnership Council Quarterly Meeting July 28, 2026
8:00a.m.-9:00a.m. Arkansas Children's Hospital
- Special Olympics Arkansas will host their Family Forum August 8, 2026, at the Embassy Suites, LR.



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Join Zoom Meeting:

<https://us02web.zoom.us/j/82188157602?pwd=cMg1WAWAkNknHOSmxbWQTUWac2tOKA.1>

Meeting ID: 835 8229 5337 Passcode: 229369

One tap mobile: +1 646 931 3860 US, +1 301 715 8592 US (Washington DC)

State Board of Education meetings are held monthly on the 2nd Thursday and Friday of each month.

July 9-10 at 9:00 am

August 13-14 at 9:00a.m.

September 10-11 at 9:00a.m.

October 8-9 at 9:00a.m.

November 12-13 at 9:00a.m.

December 10-11 at 9:00a.m.

State Board of Health meetings are held quarterly on the 4th Thursday of each month.

July 23 at 10:00 am

October 22 at 10:00 am

November & December (falls on holiday)