

MISSOURI FOUNDATION FOR HEALTH

Healthy Schools
Healthy Communities

LET'S BUILD A HEALTHIER FUTURE

Healthy Schools Healthy Communities Initiative: Practice and Policy Considerations



Missouri Foundation
for Health

Prepared by

KU MEDICAL
CENTER

The University of Kansas

HEALTHY SCHOOLS HEALTHY COMMUNITIES INITIATIVE: PRACTICE AND POLICY CONSIDERATIONS

Excellent nutrition and physical activity opportunities are important to child well-being and long-term health outcomes. When barriers prevent access to healthy food or limit opportunities for physical activity, the risk of childhood overweight and obesity increases. Children who are overweight or obese are more likely to be overweight or obese as adults. Adult obesity has been associated with diabetes and heart disease, as well as higher overall medical costs for comorbidities having to do with obesity. Adult and childhood obesity have been increasing rapidly over the last 10 years. Currently, 31.3% of the population aged 10-17 years is categorized as overweight or obese in Missouri, and 34% of the adult population is categorized as obese. These rates are higher among adults with lower income and who identify as Black or multiracial. Conditions of the COVID-19 pandemic have contributed to poorer mental and physical health of school-aged children, with lower consumption of healthy foods and decreased physical activity.

Missouri Foundation for Health's Healthy Schools Healthy Communities (HSHC) initiative (2013-2021) engaged partners from 33 school districts and 13 counties across Missouri in an effort aimed at improving healthy eating and engagement in physical activity to increase the percentage of healthy weight among children. The initiative was successful in facilitating the implementation of events, programs, policies, practices, and environmental changes which created more opportunities for children to access options for healthy eating or engaging in physical activity. This brief distills considerations for leaders and decision-makers who might be able to shape health initiatives in their communities.

PRACTICE AND POLICY CONSIDERATIONS

By adopting smart policies and practices that have been shown to be adaptable to different sizes and kinds of communities, we can engage communities towards reducing childhood obesity. Place-based prevention strategies, such as increasing healthy nutrition and physical activity options in the school setting, can be leveraged to build community connections and promote a culture of health. For an in-depth review of findings, please see the [initiative summary from HSHC](#).

The following points were emphasized by implementers of the Healthy Schools Healthy Communities (HSHC) initiative as lessons learned from the initiative to improve policy selection, implementation, and evaluation.¹

1. INVEST IN EFFORTS TO CREATE HEALTHIER SCHOOLS AND COMMUNITIES

- Schools participating in HSHC were wildly successful at implementing events, programs, policies, practices, and environmental changes (EPPPECs) which created more health-promoting environments at each school.
- With support and technical assistance, school staff enlisted champions, identified changes, and implemented approaches that engaged children, staff, families, and community members.

¹ This report was prepared by Sara Obermeier, MA, and Vicki Collie-Akers, PhD, MPH, from the University of Kansas Medical Center Department of Population Health. Dr. Collie-Akers and Ms. Obermeier led the evaluation of the HSHC Initiative. For any questions about these findings, please contact Dr. Collie-Akers via email (vcollieakers@kumc.edu).

- Significant proportions of the EPPPECs were sustained for more than a year after the initiative ended. In addition, some of the participating schools obtained additional funding and in-kind resources to sustain the activities and the position of a School District Wellness Coordinator. This suggests that an investment of resources can create sustained and meaningful change in schools.

2. SELECT ACTIVITIES FOR MAXIMUM MOMENTUM AND TAILORED, COMMUNITY-DRIVEN CHANGE

The HSHC schools and communities facilitated more than 2,000 events, programs, policies, practices, and environmental changes. Distilling lessons learned from this effort suggests that momentum can be established for community-driven change by making discerning choices for implementation.

- Make early and visible wins with events and programs.
 - Earlier successes motivated some schools to continue their efforts.
 - Events and programs involving physical activity were easier to organize and less expensive than those involving food.
 - Physical activity events can use existing infrastructure.
 - Physical activity events engaged more people.
 - Changing the environment to support increased water intake (e.g. installing water bottle filling stations) was an easy place to begin healthy school efforts.
 - Events and programs give kids more opportunities to do something new, such as a cooking class or food tasting.
- Changes to the physical environment may be more likely to be sustained long-term.
 - Environmental changes adopted during HSHC, such as new park and playground equipment, were maintained during the pandemic.
- There are many opportunities to change the nutrition environment through policies and practices.
 - Vending machines, concessions, and rules about what can be sold in the school store were easier to address with policies.
 - It was also noted that school boards can make changes to nutrition regulations for the district.
- Carefully consider efforts that focus on walking, riding, and rolling to school within the community context.

ACTIVITIES FOR CHANGE

Successful activities cited by school and community stakeholders as promoting a culture of health within schools are as follows:



Walk/bike efforts
School Days, walking groups, and walking school buses



Go Noodle/Brain Breaks during the day and at indoor recess



New playground equipment



Water bottle filling stations



Wellness challenges, which are typically weeklong events where students and teachers set goals and engage in physical activities and lessons about keeping active and eating healthy.



Healthy snacks and concessions



Cooking classes

- Many schools implemented activities, such as Bike to School Day, which were successful at enlisting children to walk, bike, or roll to school.
- Assure that walking to school efforts consider parent concerns around safety.
 - Many kids live in areas with highways and high traffic and no sidewalks or bike lanes.
 - In rural areas, walking to school is not feasible due to long distances and lack of sidewalks.
- Focus effort on recruiting volunteers for walking and biking events. High participation for Walk and Roll to School days and Walking School Buses requires staff and volunteers to help.

3. STRONG ENGAGEMENT WITH THE BROADER COMMUNITY TO MEET STUDENT NEEDS YEAR-ROUND

The lives of children are informed by all of the environments in which they live, play, and go to school. Partnerships between schools and other sectors of the community may enable the creation of changes that will create more all-encompassing health-promoting environments.

- Listen to the community and their needs, especially upstream changes that need to be made first.
 - Many locations didn't have sidewalks, which impacted the approaches they could use to keep kids active.
 - Some schools had hungry kids, and the school extended breakfast and provided grab-and-go foods to help.
 - Other kids had multiple challenges, and these schools provided wraparound support
 - Addressing transportation needs for rural children was an ongoing concern. Determining how to get rural students to and from events was a continual consideration.

“Schools can’t do it alone, and the community can’t do it alone. To be successful, they have to do it together.” – HSHC participant

- Strong partnerships with active partners are important.
 - Most efforts were not continued while students were not in school. Community partner efforts with community recreation centers, YMCAs, and public libraries were often active during these times.
 - Multiple times, HSHC participants acknowledged the support they received from partners, such as Local Motion (formerly PedNet Coalition), Alliance for a Healthier Generation, and Missouri Foundation for Health.
- Educate new leadership, staff, and instructor about wellness-related policies and ongoing health promotion efforts.

- This can be integrated into the onboarding process.
- Many schools had significant staff and leadership turnover. New staff members were brought into the effort with limited knowledge or different priorities.
- Communicate success early and often.
 - Dedicate time to promoting the initiative in the community.
 - Promote successful outcomes and achievements. Participants in HSHC felt there should have been more sharing of what happened and what was achieved.

4. EVALUATE CHILDHOOD OBESITY PREVENTION EFFORTS COMPREHENSIVELY

A critical investment for any effort is evaluation. Engagement in evaluation processes yields information that can be used to inform adjustments or improvements or to celebrate accomplishments.

- Measure more health indicators in addition to body mass index (BMI), such as health behaviors and self-reported health status.
 - BMI is not always a reliable measurement of healthy weight.
 - Turnover in the student population makes periodic BMI measurement a less accurate reflection of population health.
 - Additional proposed measures of healthy changes in the student population are resting heart rate, consumption of healthy foods, frequency of exercise, accelerometer data (a direct measurement of physical activity frequency and intensity), self-reported level of health, and participation rate in school activities.
- Consider how BMI will be used and reported back to parents and students.
 - Assure that height and weight measurements of children are kept confidential.
 - Some of the coordinators involved with HSHC felt BMI was a legitimate and quantifiable data point.
 - However, they were unclear whether the data was actionable to inform their own activities.
 - Parents who received BMI for their student(s) were unsure of how to use the information.
 - Some of the coordinators involved with HSHC felt the collection of BMIs was traumatizing. Some felt this was not a good activity to do with kids outside of a medical setting.

References:

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