

# Local Health Department and School Partnerships

**WORKING TOGETHER TO BUILD HEALTHIER SCHOOLS**



**NATIONAL ASSOCIATION OF  
CHRONIC DISEASE DIRECTORS**  
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# Introduction

Each day across the United States, thousands of public and private schools open their doors to elementary, middle and high school students from their surrounding communities. Although each student that enters has unique needs, academic and otherwise, all of them share the same fundamental need to be **healthy, safe, engaged, supported** and **challenged** in order to achieve academically. These five Whole Child Tenets (ASCD) recognize that it is necessary to address students' comprehensive needs in order to promote long-term development and success. The Whole School, Whole Community, Whole Child (WSCC) model (Figure 1) builds on these five Tenets, providing a valuable framework to address the important relationship between student learning and health, and highlighting the full range of learning and health supports that are needed for student achievement.<sup>1</sup>

**WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD**  
*A collaborative approach to learning and health*



Schools seeking to address this full range of health-related supports often are met with the barrier of insufficient resources. It is important to remember, however, that the WSCC model was not designed with the idea that schools would adopt and implement it on their own. One of the key, but often overlooked aspects of the model is the *community*, visually represented by a band wrapping itself around the outside of the model. Partnerships and collaboration with community agencies are essential to helping schools secure the resources and support necessary to address the components of the model.

Local health departments (LHDs) are one of the community agencies that can be a key partner in school- and district-level efforts to strengthen various aspects of student and staff wellness. Local health departments exist at the city, county, metropolitan, district and tribal level. While they vary significantly in size, scope of programs and funding, all work towards protecting and promoting health in their communities. Historically, LHDs have played a role in schools in the areas of immunization, monitoring of and information about communicable diseases, along with food safety. However, LHDs have evolved

significantly over the last few decades, and their work often extends into many other areas including health promotion and education, community health, nutrition, mental health, policy development and planning, oral health and environmental health. In these cases, LHDs can often provide valuable expertise, input, support, and evidence-based resources to schools looking to strengthen the health environment for both students and staff.

The case studies that follow highlight two local health departments that have established exemplary partnerships with the local school districts and schools in their jurisdictions, particularly around the areas of physical activity and healthy eating. Northern Kentucky Health Department (NKHD) and Dakota County Public Health Department (DCPHD) provide strong examples of the important role that local health departments can play in supporting schools around implementation of the WSCC model. Together, they demonstrate how schools can leverage support from community agencies to address components of the WSCC model, and how local health departments can strategically engage with schools as a key community partner.

Dakota County Public Health Department:  
Partnering with Schools to Support Student Health



# Dakota County Public Health Department: Partnering with Schools to Support Student Health

**D**akota County, Minnesota is situated in the southeast corner of the Twin Cities Metropolitan area. It has a population of approximately 400,000, and is a unique mix of urban, suburban and rural areas encompassing 21 incorporated municipalities. Dakota County Public Health Department's vision is "A healthy community for all in Dakota County," and schools are an integral part of achieving this vision. This priority is operationalized in couple tangible ways: 1) school leaders serve on the Healthy Dakota Initiative Steering Committee (a group tasked with utilizing the county's Community Health Assessment results to develop a Community Health Improvement Plan), as well as the Department's Statewide Health Improvement Partnership Community Leadership Team and the Dakota County Mental Health Action Team; and 2) the current Dakota County Community Health Improvement plan includes specific goals and objectives related to improving physical activity/healthy eating/obesity and mental health in schools (See Table 1).<sup>2</sup>

## Physical Activity and Healthy Eating

Dakota County has ten local school districts with varying sizes of student populations. In 2016-17, DCPHD is partnering with seven of them to support building healthier schools. Although DCPHD has worked in collaboration with schools in the area for over twenty years, its focused efforts related to physical activity and nutrition began in 2009 with the Smart Choices partnership. DCPHD facilitates Smart Choices, but views it as a working partnership between DCPHD and local school districts. The partnership focuses on creating a healthier school environment by increasing opportunities for healthy eating and physical activity.

### The goals are to:

- 1) Support healthy eating and physical activity
- 2) Increase the availability and consumption of healthy foods
- 3) Decrease the availability and consumption of unhealthy foods
- 4) Increase physical activity opportunities before, during and after school
- 5) Sustain efforts through policy, systems and environmental changes

Through Smart Choices, DCPHD provides start-up funds to support new, sustainable projects that strengthen school policies and practices related to physical activity and healthy eating. In the funding proposal, districts must demonstrate leadership support, ability to engage stakeholders, needs and goals for a policy, systems and environmental change project, and the ability to sustain the change after the funding ends. Districts then award funds to individual schools through a competitive funding request process. DCPHD works with each school to identify projects that are most relevant for their school and their student population, based on a menu of evidence-based and practice-informed options provided by DCPHD. Funding is focused on making long-lasting policy, systems and environmental changes, rather than one-time equipment purchases or single events. The grant cycle lasts two years, and schools must meet jointly agreed upon goals along the way. Grant funding varies by project, ranging from \$950 to \$10,000 in the most recent round of funding.

A key element of the Smart Choices partnership is the support that DCPHD staff provide to each school and district involved in the Smart Choices partnership. DCPHD's Health Promotion team has four staff that are assigned to work with one or more districts.

### These staff support the schools in the following ways:

- **Work with school district leaders to help establish and sustain wellness committees.** This includes working together to identify co-chairs, school and community members, and regularly attending wellness committee meetings.
- **Assist wellness committees with setting agendas** for meetings and revision of district wellness policies to strengthen policies and practices.
- **Provide training and skill-building opportunities for school staff** around physical activity and healthy eating, along with tools to implement changes.
- **Work with schools to develop school-based action plans,** conduct the School Health Index assessments, present on the results, and plan for sustainability. DCPHD developed a research-based [Sustainability Checklist](#) in collaboration with their contracted evaluator, ACET, Inc. to help guide the start-up of systems change projects that will last.
- **Host Smart Choices Leadership Team meetings three times a year** for the wellness committee co-chairs in each school district. This facilitates peer-to-peer sharing between school districts and allows DCPHD to provide new resources and training on emerging topics to wellness committee leaders.
- **Assist districts and schools with measuring changes and communicating successes** (such as drafting press releases and presentations) to leadership, families, and the community at large.
- **Provide locally-developed resources** such as the [Smart Choices Toolkit](#) to guide schools in their selected strategies.
- **Provide information to schools about relevant grant opportunities** and new resources and tools for physical activity and healthy eating.
- **Assist schools with grant writing** and the development of evaluation methods to secure additional funding for health-related initiatives.

DCPHD has provided schools with approximately \$906,000 over the duration of the Smart Choices partnership (2009-2017). Funding has come from a mix of public and private sources over the years, including the Minnesota Department of Health, Blue Cross and Blue Shield's Center for Prevention, and UCare. Most recently, the partnership has been funded by the Statewide Health Improvement Partnership (SHIP), an initiative created by the Minnesota legislature to reduce chronic disease and related health care costs. SHIP provides funds to local health boards in all 87 counties that in turn choose evidence-based strategies to make long-term, sustainable changes in schools and childcare facilities, communities, workplaces and healthcare settings.<sup>3</sup> In the case of Dakota County, the selected strategies for schools have been driven by best practices selected by school partners.

In 2016-17, DCPHD awarded funding to 32 schools from six districts across Dakota County through the Smart Choices partnership. One-third of the schools have a student population of more than 50% free and reduced price lunch. Schools are working on Smarter Lunchroom strategies, implementing school-based agriculture, nutrition curriculum, and/or incorporating healthier food options into concessions. For physical activity, schools are adding activity breaks or brain boosters in the classroom and working on active recess. For some schools, it is the first time they have been involved in the Smart Choices partnership. Others have been longer term partners with Smart Choices, and the projects have evolved and grown with time.

Table 1. School-Related Aspects of Dakota County Community Health Improvement Plan 2014-2019

### Priority 1: Physical Activity/Eating Habits/Obesity

**GOAL 1:** Dakota County children and adolescents will have increased access to nutritious foods, increased opportunities for physical activity and access to screening, counseling, and referral if at risk of developing chronic disease.

**Objective:** By September 30, 2019, reduce the percent of children and adolescents who are obese to 7% (1% from baseline).

- **Strategy 1:** School districts will implement policy, systems, and/or environmental changes to increase access and availability of fruits and vegetables.
- **Strategy 2:** School districts will implement policy, systems, and/or environmental changes to decrease access to foods high in sodium, saturated fat, and/or added sugar.
- **Strategy 3:** School districts will implement policy, systems, and/or environmental changes to increase access to physical activity before, during, and after school.

### Priority 2: Mental Illness/Promoting Mental Health

**GOAL 1:** Community partners in Dakota County will adopt mental health promotion strategies that emphasize protective factors and self-sufficiency.

**Objective 1:** By September 30, 2019, reduce the percent of youth who attempted suicide in the past year to 3% (1% from baseline).

- **Strategy 1:** Continue to convene Dakota County Healthy Communities Collaborative (DCHCC) network, whose work includes organizing an annual Mental Health Summit.
- **Strategy 2:** Assist schools with implementing best practices for mental health promotion.

**GOAL 2:** Community partners in Dakota County will assure access to appropriate services and programs that support optimal mental well-being.

**Objective 2:** By September 30, 2019, among youth who seriously considered or attempted suicide in the past 12 months, increase the percentage who received treatment during the past year to 32% (2.8% from baseline).

- **Strategy 1:** Continue to convene Dakota County Healthy Communities Collaborative (DCHCC) network, whose work includes organizing an annual Mental Health Summit.

**GOAL 3:** Community partners in Dakota County will build local capacity and leadership that creates optimal mental well-being.

**Objective 3:** By September 30, 2019, increase the readiness score of the community to engage in mental health promotion to 5 (one level from baseline).

- **Strategy 3:** Increase public awareness of positive mental health practices through social marketing campaigns and training, such as “Make it OK,” “Ending the Silence” (National Alliance on Mental Illness), and Mental Health Awareness Month (May). (Primary target: low-income populations).

## Measuring the Impact of Smart Choices

The partnership between DCPHD and local school districts has enabled many Dakota County schools to strengthen the school health environment in ways that would not have been possible otherwise. While the grant funding has been key, the continuous, long-term commitment and support from DCPHD staff has been equally, if not more important to helping schools to achieve their goals. Key successes resulting from the Smart Choices partnership include the following (since 2013):

- **Increased fruits and vegetables for lunch:** 63 of 70 (90%) schools increased the number of fruits they serve to students each day.
- **Enhanced physical education:** 30 schools included national standards and grade level achievements into their practices.
- **Healthier vending and a la carte options:** 18 schools have changed the snacks and drinks in vending machines and on cafeteria a la carte lines to include more nutrient-rich options that meet or exceed Smart Snacks guidelines.
- **More students eating breakfast:** 6 schools saw a 50% increase in the number of students eating breakfast after implementing alternative breakfast models and promotional strategies.
- **Leveraging funding:** Schools in the county have leveraged \$389,464 in additional grant funding to further support and augment healthy eating and physical activity initiatives.<sup>4</sup>

Given the limited timeframe of the Smart Choices partnership, DCPHD works closely with schools to focus on implementing policy, systems and environmental changes that will be sustainable. A pilot assessment conducted in 2015 indicated that they are meeting their goal: 80% of the changes are sustainable, based on research regarding best practices for sustainability.<sup>5</sup>

“DCPHD helps schools to get outside of their comfort zone and outside the walls of the school, and make their vision and their goals bigger...and administrative leaders recognize the value of this, as one told me ‘Any district that works with public health will be a better district.’” –  
*Stacie O’Leary, Health Services Coordinator,  
West St. Paul- Mendota Heights School District,  
Eagan, Minnesota*

## Dakota County Schools – Smart Choices Healthy Eating and Physical Activity Projects

- Quality physical education
- Adopting national physical education standards
- Active recess
- Active classrooms
- Safe routes to school
- Physical activity before and after school
- Healthy a la carte and vending
- Farm to school
- School-based agriculture
- Healthy classroom celebrations and rewards
- Healthy concessions
- Healthy fundraising
- Salad bars
- Increasing school breakfast
- Increasing water availability

“ DCPHD works with a collaborative group of schools and fosters the ability to learn from other schools when it comes to creating a healthy environment. They have the knowledge, resources and information to help us, whether it’s nutrition guidelines or other things. The point person from DCPHD to our school has been very important. They help us write grants to get funding for different things, whether its equipment for physical activity or materials, or consulting time for our food service program. Where would I get all of that if it weren’t for the Dakota County Public Health Department?”  
— Mike Kelley, Superintendent, ISD 195, Randolph, Minnesota

The school districts and individual schools involved in the Smart Choices partnership value the partnership and support provided by DCPHD. Although individually funded projects typically take between 6-12 months to implement, the relationship between DCPHD and the schools is ongoing and extends far beyond that timeframe. Schools in Dakota County see DCPHD as a valuable partner to support student health, and school leaders recognize the value of the resources the health department provides. Effective working relationships have made it possible for the health department to partner with school districts on other initiatives too, including immunizations, oral health and school readiness, just to name a few.

School leaders note that the many positive changes that DCPHD has helped to facilitate have been both gradual and cumulative. Small changes have led to larger ones over time, and DCPHD staff have been there to help schools navigate and

celebrate each. Changes that might have seemed particularly challenging at the beginning, such as moving towards healthy concessions and celebrations, became feasible as school leaders, staff, parents and students alike adjusted and embraced new policies and practices, often embedding them into the local wellness policy.

Because DCPHD has worked with many of the school districts for quite a few years, including prior to the Smart Choices partnership, the collaborative relationship has deepened from an initial “exploring” stage to one of mutual trust, where schools view DCPHD as an important community partner, and DCPHD views schools as partners of choice for public health programs. The school staff closely involved in the Smart Choices partnership see the value that DCPHD brings to the table, and the positive difference their involvement has made.

## Partnering with Schools to Support Mental Health

One of the other ways that DCPHD engages as a partner with local schools is around mental health. In 2013, mental health was identified as a top priority in the community health assessment. At that time, suicide was the leading cause of death in children and young adults ages 15-24 in Dakota County, and 14 young people had died from suicide during the previous year. As a result, DCPHD prioritized mental illness/mental health promotion and suicide prevention in the Community Health Improvement Plan for 2014-2019 (Table 1). At the time, all Twin Cities metro area public health departments identified mental health as a top priority, however only DCPHD dedicated a full-time staff person to address mental health and suicide.

One of the primary ways that DCPHD supports and equips schools to address the mental health needs of their students is through the provision of various trainings. DCPHD employs a full-time mental health coordinator who conducts a variety of trainings related to suicide prevention and postvention, recognizing early warning signs of mental illness, combating stigma

associated with mental illness, and youth mental health first aid. The coordinator has been trained by the National Council for Behavioral Health to teach the evidence-based Youth Mental Health First Aid curriculum. In 2016, DCPHD provided mental illness and mental health promotion trainings to 604 staff members in local schools, including teachers, nurses, psychologists, counselors, school administrators and crisis response team members. These trainings make up the core of DCPHD's efforts, focusing on equipping school staff to recognize and de-stigmatize mental illness, how to question, intervene and refer students for help when there is a perceived mental health need, and how to prevent suicide and minimize the risk of post-suicide contagion among students. DCPHD also provides mental health trainings for parents both in the community and at school locations and general mental health education sessions for high school and middle school students.

In addition to these recent efforts, DCPHD has long served as a convener of Dakota County Safe and Drug Free Schools, a group of social workers, psychologists, guidance counselors and nurses from local schools. Each month, DCPHD brings the members of the coalition together to discuss local schoolwide trends and needs related to substance abuse, mental health and suicide, and provides a safe place for peer-to-peer sharing and learning. DCPHD identifies speakers to address emerging

trends in these areas and provides resources to support evidence-based practices in schools. Over time, the group has built a strong relationship of trust both with each other and with the health department. DCPHD views its role as a facilitator rather than expert, and focuses on providing a broader public health perspective to the issues discussed.

As a result of these efforts and the strong relationship that has been built over many years, local school leaders view DCPHD as a key support in the area of mental health. They often reach out to the health department to provide training for staff during in-service days, and seek out consultations with the mental health coordinator following youth suicides or suicide attempts. School leaders also work with the DCPHD epidemiologist to analyze district-level data related to mental health, substance abuse and violence and safety from the Minnesota Student Survey. This allows DCPHD to identify local trends and needs, facilitating planning both for the school district and the health department.

## The Value of a School-Local Health Department Partnership

At a time when educators and school leaders are under significant pressure, the efforts of DCPHD provide a great example of how local health departments can help to “lighten the load” of schools

“ The collaboration between the school district and DCPHD has really enhanced the public image of our school district, specifically my food program. We have been on the cutting edge of a lot of these healthier guidelines. We've really been ahead of the curve. They have helped with publicity...School districts typically don't get a lot of good publicity. But we have a very high approval rating in the district, from parents and the community, and I think that has something to do with DCPHD.” – *Jeffrey Wolfer, Child Nutrition Supervisor, West St. Paul- Mendota Heights School District, Eagan, Minnesota*

while at the same time meeting their own goals for improving the health of the community. In addition to the areas described above, DCPHD also provides support to schools through partnerships in many other areas, including safety and emergency preparedness, immunizations and check-ups for students, and access to safe and adequate outdoor spaces for physical activity, to name a few. Schools leaders and staff recognize the added value that the local health department brings to the table, expanding the ability of schools to adequately address the needs of students.

By focusing both on shorter term start-up projects and building long-term relationships around nutrition, physical activity and mental health, DCPHD has made it possible for many schools to strengthen multiple components of the WSCC model. They have truly stepped into the “community” band of the model, and their efforts provide a strong example of how local health departments can work collaboratively with schools to ensure that all students have the health supports necessary for learning and academic achievement.

“ DCPHD helps schools to get outside of their comfort zone and outside the walls of the school, and make their vision and their goals bigger...and administrative leaders recognize the value of this, as one told me ‘Any district that works with public health will be a better district.’” – *Stacie O’Leary, Health Services Coordinator, West St. Paul- Mendota Heights School District, Eagan, Minnesota*

“ Dakota County Public Health Department is so passionate about improving the lives of kids’ nutrition and physical activity. The meetings with other districts that are also working on these areas bring everything back into focus and help us to get regenerated and rejuvenated. DCPHD staff have a way of validating and supporting what we’re doing, because they know it’s an uphill battle. While we usually have administrative support for the health and wellness initiatives, it can be challenging. DCPHD is always there for us for whatever we need. – *Gail Setterstrom, Health Services Coordinator, Farmington Area Public Schools, Farmington, Minnesota*

Northern Kentucky Health Department:  
Partnering with Schools to Create Healthier Environments



## Northern Kentucky Health Department: Partnering with Schools to Create Healthier Environments

**N**orthern Kentucky Health Department (NKHD) is situated in the northern tip of Kentucky and serves a four-county area (Boone, Campbell, Grant and Kenton) with a collective population of approximately 400,000. NKHD has operated as a district health department serving the four counties since the early 1980s and was one of the first 11 health departments to receive accreditation in 2013. The health department serves a population of socioeconomic contrasts in the greater Cincinnati, Ohio metropolitan area, including urban areas, relatively affluent suburbs, and small cities and rural towns with high poverty rates, where up to 85% of students in the school district qualify for free and reduced price lunch. NKHD has a long history of working with schools on both ends of this economic spectrum, working in a variety of areas, including adolescent health, oral health/dental sealants, tobacco prevention, school-based health centers, nutrition and physical activity, and school employee worksite wellness.

NKHD began to focus on the important role of schools in health over twenty-five years ago, and in 1991 endorsed “comprehensive school health”<sup>6</sup> as an important strategy to address child and adolescent health and wellness. NKHD prioritizes being a strong community partner, which is evident in its vision: “Northern Kentucky Health Department will be a valued leader and community partner, with the resources needed to effectively address public health challenges so that Northern Kentucky is the healthiest region in the nation.” This priority is evidenced by the following: **1)** School leaders are involved in the Northern Kentucky Local Public Health System Assessment which identified strengths, weaknesses and short- and long-term opportunities, many related to schools, based on the CDC National Public Health Performance Standards<sup>7</sup>, **2)** Leaders from six school districts and ten schools are involved in the

St. Elizabeth’s Healthcare Community Health Needs Assessment, which NKHD uses as a data source for their own Community Health Assessment<sup>8</sup>, **3)** The current Community Health Improvement Plan for Northern Kentucky 2016-20 includes specific goals, objectives and strategies related to improving nutrition and active living.

### REACHing Schools to Strengthen School Health

NKHD has sixteen public school districts and one private school district in its jurisdiction, with varying sizes of student populations. Although it has worked to promote healthy schools since the 1990s, the current efforts focused on physical activity and nutrition began in 2000 with the establishment of a Coordinated School Health (CSH) Program within NKHD, along with the creation of a dedicated CSH Coordinator position in 2002. This position was established to coordinate all activities within the school setting that interfaced with the local health department, and was funded locally. Looking retrospectively, the creation of this position has been a key facilitator to much of the successful collaborative work with local school districts that has taken place the last 15+ years. It has helped to both foster coordination of school-related programs within the health department, and provided a single point person for schools to contact. Over time, this has helped to foster a long-term relationship of cooperation and trust between the schools and NKHD.

To advance its goal of partnering with schools to create healthier, sustainable environments, NKHD established the REACH (Reach for Excellence in School Health) Coalition in the early 2000s. REACH was developed for school leaders and staff of schools in the four-county area as a way to inform them of new and existing best practice programs and services available from the health department and community

partners. Since its establishment, the REACH Coalition was an important driving force behind much of the progress that has been made in the area of school health. Members included NKHD staff, community members, school health personnel from the school and district-level and Family and Youth Service Center Coordinators.<sup>10</sup> The Coalition met quarterly for many years, helping to connect schools with each other, with the local health department, and with community resources that are available to support the unique needs of their students and staff. Although it no longer meets regularly, NKHD continues to work with the original members, building on the strong relationships that were established.

Beginning in 2000 and continuing for over a decade, NKHD worked with the REACH Coalition to plan an annual REACH conference, bringing together staff from the area school districts for a full-day in-person meeting. At the conference, NKHD staff and community partners provided resources to implement and evaluate health education or health promotion strategies related to three priority areas: **(1)** cardiovascular health (i.e., physical activity, nutrition and staff wellness), **(2)** social and emotional health (i.e., bullying prevention, peer mediation, literacy, violence prevention and Developmental Assets®), and **(3)** tobacco prevention and cessation through smoke-free campus policy development and implementation. Schools in the area were asked to send a team of at least two personnel, including a school administrator and health-related staff member. The teams were then eligible to apply for a two-year grant program (School Incentive Fund), that provided funding, technical assistance and guidance to implement evidence-based programming and policy changes in the REACH priority areas. Since the beginning of the program, NKHD has primarily used local funding to support the REACH School Health Incentive Funds program, providing over \$183,000 to local schools over the last 15 years.

Initially, NKHD provided an incentive of \$1,000 to each school that committed to implement a REACH project within a one-year period. Through means of

## Table 2. School-Related Aspects of Community Health Improvement Plan for Northern Kentucky 2016-2020

**Priority Health Issue: Healthy Behaviors (Good Nutrition/Active Living/Tobacco-Free Living)**

**GOAL 1: People in Northern Kentucky will make healthier food and drink choices.**

**Objective:** By 2020, decrease the percentage of youth drinking one or more soft drinks per day to 25%. (*Reporting Agency: NKHD*)

- **Strategy:** Provide technical assistance to schools to develop nutrition policies on healthier food and drink choices served or available at schools and events. (*Lead agency: NKHD*)

**GOAL 2: More people in Northern Kentucky will engage in daily physical activity.**

**Objective:** By 2020, increase the percentage of children who participated in 60 minutes of daily physical activity in the past 7 days that made them breathe hard to 40%. (*Reporting Agency: NKHD*)

- **Strategy:** Implement the [LiveWell NKY](#) program. (*Lead Agency: The Alliance*<sup>9</sup>)
- **Strategy:** Implement the healthy behaviors of [Gen-H](#), where applicable. (*Lead agencies: Northern Kentucky Health Department, The Alliance*)

a quality improvement project, NKHD learned that in order to secure buy-in and achieve sustainable change, schools needed a higher amount of funding, a longer timeframe and more intensive technical assistance from NKHD school health staff to create lasting school-level policy and environmental changes related to the REACH priority areas. In 2010, NKHD worked with the REACH Coalition members and funded schools to revamp the program, increasing the amount and timeframe to over \$4,000 over two years, with funding dispersed as schools meet project milestones. While NKHD no longer holds the REACH conferences, NKHD staff work closely with selected schools throughout the duration of the School Health Incentive Funds program, providing guidance, training, technical assistance and overall support on the development, adoption and implementation of policies and environmental changes. While the funding is important, schools involved in the program greatly value the long-term support that the NKHD staff provides and the depth of knowledge about healthy school environments that they bring to the schools.

Although the School Incentive Fund is a two-year program, NKHD's work with area schools extends beyond the scope of this program. NKHD staff coordinating the REACH program work with school districts and schools in the following ways:

- 1) Establishing and maintaining School Health Advisory Councils and school wellness committees.
- 2) Conducting the School Health Index (SHI) from the Centers for Disease Control and Prevention (CDC).
- 3) Revising and strengthening school and district wellness policies using the wellSAT 2.0.<sup>11</sup>
- 4) Implementation of national and state policies related to school nutrition, physical activity and physical education (i.e., USDA Smart Snacks and Kentucky Senate Bill 172<sup>12</sup>).

As a result of all of this work, along with the REACH Coalition, Conference and related School Incentive

“ The team from the health department is a great resource to our school, helping us to give our kids all of the resources to have a healthier lifestyle. The healthy schools staff have given me the tools that I need for my toolbox in order to implement things at our school that otherwise I could not. It's not only funding, but help with policy changes and implementation, and how to do it step by step. It's not me recreating the wheel. They've done all the research and are teaching us how to start it here, from the ground up, from writing a policy and seeing it all the way through, to data analysis and evaluation.  
– Amy Thomas, District Health Coordinator at Beechwood Independent Schools, Ft. Mitchell, Kentucky

Funds projects, the health department has built a strong relationship with school leaders and staff, and are often viewed as an extension of the school. Schools frequently invite NKHD staff to participate in events and meetings that could benefit from their experience and expertise.

Recently, NKHD has begun to expand and build upon their school-focused initiatives by engaging schools in the LiveWell NKY initiative launched by The Alliance, the organization charged with developing and managing Northern Kentucky's strategic plan. The program focuses on helping communities, worksites, schools and other organizations pursue health and wellness goals in the areas of physical activity, nutrition and tobacco-free environments. NKHD is working with The Alliance to pilot a LiveWell School initiative which aims to improve population health

“ The health department comes and provides dental screenings, sealants and cleanings for students in preschool through fifth grade for any parent that signs up. After the screenings they provide me the records and I contact the parents to get them referred. That has been a wonderful resource, because we only have one dentist in town and there are significant access issues for our students who are on Medicaid. Many of our families lack transportation, and have to walk to appointments. Our students are missing so much school just because of oral health problems. NKHD has been a tremendous help in this area and a great support to our school. – *Kim Weaver, District Health Coordinator, Newport Independent Schools, Newport, Kentucky*

through policy, systems and environmental change in the areas of healthy diet, physical activity and smoke-free environments. Through the initiative, schools are able to gain additional funds by participating and completing wellness-related milestones for the pilot initiative. In addition, through LiveWell NKY, community coalitions were formed in five local communities and local schools were engaged as well. Currently four schools are involved in the LiveWell School initiative, and this is expected to continue to grow.

### **Guiding and Supporting Schools to Meet their Health and Wellness Goals**

Under the School Health Incentive Funds program, NKHD worked closely with eight schools in cycle 1 and 2, and is currently working with one elementary school, one combined middle and high school, and one school district to strengthen the health and wellness environment. It also provides ongoing consultation and support to schools involved in the first two cycles, along with a long list of schools that have partnered with NKHD in the past. Each school has unique needs, challenges and priorities, and NKHD staff work to help schools to assess the environment, identify gaps and opportunities, and then create, adopt and implement policies and programs that are of value to their specific school. Schools participating in the School Health Incentive Funds program have worked in a variety of areas, including the following:

- Strengthening wellness policy language in the areas of physical activity, nutrition and staff wellness.
- Increasing the number of healthy options in vending machines that are accessed by staff and students after school.
- Increasing fruit and vegetable availability during school meals.
- Implementing strategies to increase school breakfast participation.
- Revamping classroom rewards to focus on non-food options.
- Redesigning concessions to include healthier food and beverage options.
- Establishing policy and guidance to create a safer place for students with food allergies.
- Providing guidance on establishing non-food/healthier fundraising.
- Implementing strategies to increase physical activity in the classroom.
- Identifying safe walking and biking routes for students, and working with parents and the community to encourage active transport to school.

- Identifying walking routes and trails for students and staff and making them more accessible for use during, before and after school.
- Adopting policies to reduce secondhand smoke exposure and tobacco use.
- Conducting community-based nutrition education with parents to encourage healthy meal preparation.
- Development of a staff wellness center and staff wellness programming (focusing on exercise and cooking classes).

NKHD's REACH team have expertise across all of these areas of school health, and collaborating schools value the knowledge, resources and community connections that they bring to the table. In many ways, NKHD serves as a vision-caster, motivator, coach and connector, encouraging schools to think about the ways that they can improve the environment that students are in each and every day, and helping them to implement those changes. NKHD helps to connect schools with the efforts of other collaborative partners that support healthy schools, including the Kentucky Department of Education, Kentucky Department for Public Health, HealthMPowers and the Centers for Disease Control and Prevention.

## Helping Schools to Meet Students' Oral Health Needs

In addition to the NKHD's efforts to strengthen physical activity and nutrition in schools, it also supports local schools in the area of oral health. NKHD's Dental Prevention Program (DPP) provides preventative dental sealants to elementary students at schools in the four-county area meeting the income eligibility requirements (45% of students qualifying for free or reduced-price lunch). NKHD's public health registered dental hygienist and dental assistant visit area schools, providing screening for tooth decay and applying dental sealants as needed. Prior to the actual sealants, the DPP staff provide students with an educational program to students on tooth decay and

## Outcomes for REACH School Health Incentive Funds Program

**TARGET:** By May in Year 2 of REACH project cycle, 100% of participating schools will have made at least one policy and one environmental change based on priorities identified through the School Health Index (SHI) assessment.

### Achievements:

- First cycle of participating REACH schools achieved 9 policy changes and 12 environmental changes.
- Second cycle of participating REACH schools achieved 4 policy changes and 14 environmental changes.

**TARGET:** By May in year 2 of project cycle, there will be at least a 7% increase in the overall averaged SHI score.

### Achievement:

- Average SHI scores of schools increased 4% during the first REACH cycle and 8% during the second.

the need for sealants. In addition, the public health dental hygienist also provides dental cleanings and fluoride varnishes for students if needed. All students seen through the DPP are referred back to their local dentist, or NKHD will help them find one if they do not have one. In Fiscal year 2015-16, the DPP partnered with 28 elementary schools to provide needed dental prevention services. From the school perspective, these services are invaluable for many low-income students who have limited to no access to dental care on a regular basis, and often miss school because of dental decay and other oral health problems.

“ NKHD has been such a great resource for our school. The REACH staff are there to support me in whatever way they can, providing resources and guidance. I reach out to them for a variety of things related to healthy schools, and can say that their partnership made a big difference in many aspects of our school. – *Rose Koehler, Youth Service Center Coordinator, Twenhofel Middle School, Independence, Kentucky*

## The Value of a School-Local Health Department Partnership

NKHD’s long-term commitment to building healthier school environments has led to strong partnerships with local schools and many positive changes for students and staff alike. For schools, NKHD provides essential expertise and resources to help them address the full range of learning and health supports needed for student achievement. School leaders recognize and appreciate the difference that this type of community partnership makes:

NKHD believes that school partnerships are essential to achieving its vision of Northern Kentucky being the healthiest region in the nation. For NKHD, the REACH program has been an opportunity to extend beyond the walls of the health department into the place where Northern Kentucky’s children are learning and growing each and every day.

Together, NKHD and schools are working to ensure that the next generation of Northern Kentuckians have the opportunity to be healthy, safe, engaged, supported and challenged, and in doing so, academically successful.



“ Following this method in our work with schools allows us to help school teams make meaningful health and wellness changes. It also provides an abundance of opportunities for creativity and collaboration. We are excited that schools are willing to partner on this journey with us.” – *DaNelle Jenkins, Health Educator, Northern Kentucky Health Department.*

# Endnotes

- 1 The Whole School, Whole Community, Whole Child (WSCC) model is an expansion and update of the Coordinated School Health (CSH) approach. The WSCC incorporates the components of CSH and the tenets of the ASCD's\* whole child approach to strengthen a unified and collaborative approach to learning and health. The WSCC model focuses its attention on the child, emphasizes a school-wide approach, and acknowledges learning, health, and the school as being a part and reflection of the local community. For more information about the WSCC model, see <https://www.cdc.gov/healthyyouth/wsccl/>.
- 2 Dakota County Public Health Department. (2014). Dakota County Community Health Improvement Plan 2014-2019. Available at <https://www.co.dakota.mn.us/Government/publiccommittees/CHA/Documents/CommunityHealthImprovementPlan.pdf>. Accessed January 7, 2017.
- 3 Minnesota Department of Health. No date. Statewide Health Improvement Partnership. Available at: <http://www.health.state.mn.us/divs/oshii/ship/index.html>. Accessed January 15, 2017.
- 4 Dakota County. No date. Smart Choices. Available at: <https://www.co.dakota.mn.us/HealthFamily/HealthyLiving/DietNutrition/Pages/smart-choices.aspx>. Accessed January 27, 2017.
- 5 Dakota County Public Health Department. 2015. Building a Healthier Dakota County. Available at: <https://www.co.dakota.mn.us/Government/publiccommittees/SHIP/Documents/SHIP2015EvalSummary.pdf>. Accessed January 27, 2017.
- 6 Defined at that time as health education, parent/community involvement, health care services, nutrition service, health promotion for staff and parents, healthy school environments, physical education and counseling, psychological and social services. <http://www.nkyhealth.org/1990s.aspx>.
- 7 2014. Northern Kentucky Public Health System Assessment <http://www.nkyhealth.org/images/planning/LPHSA.pdf>.
- 8 St. Elizabeth Florence: Community Health Needs Assessment and Community Benefits Implementation Plan (2015). <http://www.nkyhealth.org/images/planning/CHNAPlanFlorence.pdf>.
- 9 The Alliance, also known as Skyward, is the regional planning organization. The purpose of the Alliance is to make Northern Kentucky thrive by connecting education, wellness, business and culture in innovative, inclusive, productive ways, as outlined in the myNKY plan. More information can be found at: [http://www.skywardnky.org/wp-content/uploads/MyNKY\\_8PgReport-2015\\_V6.pdf](http://www.skywardnky.org/wp-content/uploads/MyNKY_8PgReport-2015_V6.pdf).
- 10 The Kentucky Family Resource and Youth Services Centers (FRYSC) were established as a component of the Kentucky Education Reform Act of 1990. The mission of these school-based centers is to help academically at-risk students succeed in school by helping to minimize or eliminate non-cognitive barriers to learning. Schools where at least 20 percent of the student population is eligible for free or reduced school meals may compete for FRYSC funding from the state. The goal of the FRYSCs is to meet the needs of all children and their families served by the centers as a means to enhance student academic success. At the elementary, middle and high school level, one of the functions of the FRYSC coordinators is to coordinate health services and referrals. At the middle and high school levels, they also coordinate substance abuse education and counseling, referrals to social services, along with family crisis and mental health counseling.
- 11 Rudd Center for Food Policy & Obesity. WellSAT: 2.0 Wellness School Assessment Tool. (2013). University of Connecticut. Available at: <http://www.wellsat.org/>. Accessed March 3, 2017.
- 12 Senate Bill 172 included requirements related to food and beverage sales in the school setting, credentialing of food service director and ongoing education, annual reporting on the school nutrition and physical activity environment, including up to 30 minutes/day of physical activity during instructional time, and consultation with a certified physical education/physical activity teacher to develop physical education programming.

## The National Association of Chronic Disease Directors Promoting Health. Preventing Disease.

The National Association of Chronic Disease Directors (NACDD) and its more than 6,500 members seek to strengthen state-based leadership and expertise for chronic disease prevention and control in states and nationally. Established in 1988, in partnership with the U.S. Centers for Disease Control and Prevention, the NACDD is the only membership association of its kind to serve and represent every chronic disease division in all states and U.S. territories. For more information, visit [chronicdisease.org](http://chronicdisease.org).



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