

A Focused Approach to Address Health Behaviors and Pediatric Obesity-



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Model for Bridging Gaps in School Wellness Programs

- 2008 Executive Summary of the Action for Healthy Kids Report- Identified Gaps in School Wellness Programs
 - Perception of leadership & staff & students
 - Looking at foods to avoid- not teaching
 - Physical Education programs fragmented
 - Policy Implementation- monitoring-system support
 - Who is responsible? Interest?
 - Parental engagement, underserved communities

Steps Leading to the Development of the School Wellness Model

- Slow process- 10 years
- 3 Grants- First 2- Outsiders
- Community-Consortium
- Gaining Entry
- Community Buy In
- Focused



Initial Programs HRSA-Grants

Phase I-

HSHK- 2000-2003-Pike County

Phase II- HSHK-2005-2008-

Troy University

Pike, Bullock, Barber County

Phase III- HSHKHF- 2009-2012

Union Springs Elementary

Bullock County



Phase II- Catch

- Coordinated Approach to Child Health
 - Classroom Curricula
 - Physical Education
 - Family Program
 - Eat Smart Program
 - Child Nutritional Services





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Findings Continued

Variable	Pre-Assess	Post-Assess
BMI	Overweight-21.1% Obese-23.1%	Overweight-22.7% Obese-25.5%
Skin Folds	Exceeded optimal- Girls- 59.3% Boys- 58.6%	Exceeded optimal- Girls- 54.2% Boys- 48.6%
BP	Mean- 108/70 Max- 159/96	Mean- 107/71 Max- 159/96?
Cholesterol	170-199 (13.5%) >200 (6.1%)	170-199 (7.5%) >200 (8%)
Glucose	>120-2.7	>120-16.5% (just ate pancakes-syrup?)- new machine



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Qualitative-Teachers

- 44 teachers- 9 structured questions
- How did they incorporate CATCH principles into classroom
- Had woven nutritional content into reading and math
- Cafeteria foods had become more healthy
- Exercise- still saw that as PE, but some took long way back from lunch, library
- AL. Corporative Extension (nutrient intake) had given students work sheets- teachers incorporated this into weekly activity

Felt parents needed to be more involved & welcomed the idea of homework for parents and children related to nutrition & exercise





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So- Phase III

- Less Money available
- Use Model of Wellness Nurse- Focused
 - Bullock County, Elementary School
 - 3 years
 - Research (compare existing data- 3rd graders)



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Goals

1. Demonstrate the benefit of a school-based comprehensive health wellness model in at-risk, culturally diverse elementary school children in an underserved rural area.
2. Change the health behaviors of elementary children to more wellness orientation through parental, school, and community involvement.
3. Continue and increase collaborative participatory efforts of community partners to ensure wellness promotion in schools and in the community



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USES Year 1

- School Assessment (including teachers/faculty/staff)
- Student Assessment
- Year 1 Interventions
 - Establish Trust
 - Establish School/Community Awareness
 - Nutrition Education- Wellness Nurse/Troy University
 - Health Screening
 - Create Lasting Replicable Health Events with Rewards
 - Nutrition Education & Exercise into Classrooms
 - Cafeteria



Year 1 "Healthy Mind, Healthy Body Week"



Year 1 “Fitness is Fun Field Days” & Exercise US



Year 1 Parent/Community Outreach





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USES Year 2

- Church
- Consortium to School/USES Wellness Committee
- Interventions:
 - Exercise & Nutrition Education in Classrooms
 - PE Intervention- SPARK PE, FITNESSGRAM, Wii
 - Teacher Program
 - Garden
 - Expanded Replicable Health Events
 - Physician Collaboration
 - New Playground Equipment
 - New Basketball Court



Year 2 Garden



Year 2 Fruit Tasting



Year 2 Troy University Students (Fitnessgram, Aerobics, Teaching)



Year 2 Playground Equipment, Basketball Court, Cooking Cart, Wii



Year 2...Everything Else





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USES Year 3- Looking Ahead

- Salad Bar
- Increase Consortium/Wellness Committee Strength
- Increase School Ownership
- Finish School Health Index
- Make Adjustments
- Finish Data Collection- Accelerometers



Preliminary Data (3rd Grade Only, Single Dependent Variable- BMI)

Variable	*HSHK 2005 Pre- Intervention N=45	*HSHK 2008 Post- Intervention N=49	**HSHKHF 2010 N=83	***HSHKHF 2010 N=396
Male	24/53.3%	20/40.8%	49/59%	199/50.3%
Female	21/46.7%	29/52.2%	34/41%	197/49.7%
African Am.	41/91.1%	45/91.8	67/80.7%	314/79.3%
Hispanic	3/6.7%	4/8.2%	14/16.9%	78/19.7%
Other	1 /.2%	0	2/2.4%	4/1.0%
BMI	18.68 (12.8-29.3)	21.76 (13.1-36.4)	19.39 (12.2-40.3)	17.96 (11.2-40.3)

•N limited to those with active consent

** N includes third grade only in the 2010 intervention

*** N includes all children at USES

