



Healthy Schools Equal Healthy Kids



Kentucky

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DaNelle Jenkins, M.Ed, CHES
Senior Health Educator/NKHD
REACH CQI Team Lead, Northern
Kentucky Health Department

More Information

Northern Kentucky Health Department

<https://nkyhealth.org>

Community Guide – Public Health Accreditation Board Crosswalk

www.thecommunityguide.org/content/community-guide-phab-crosswalk

School Health Index, CDC

www.cdc.gov/healthyschools/shi

The Recommended Community Strategies and Measurements to Prevent Obesity in the United States: Implementation and Measurement Guide, CDC

www.cdc.gov/obesity/downloads/community_strategies_guide.pdf

The Northern Kentucky Health Department (NKHD) developed a continuous quality improvement (CQI) process to address the need for healthy school environments. Healthy students perform better academically and have better cognitive skills and attitudes.¹ In 2011, 27 percent of children aged 6-12 in the Greater Cincinnati-Northern Kentucky region were obese, and 59 percent of Kentucky high school students had tried cigarette smoking.^{2,3}

Health-related policy and environmental findings from the Community Preventive Services Task Force (CPSTF) were used in NKHD’s Resources for Education to Achieve Coordinated School Health (REACH) project. REACH links schools with training, resources, and consultation to support sustainable policy and environmental change for coordinated school health.

“The CPSTF findings allowed our team to see which practices are recommended and what evidence supported each area,” says DaNelle Jenkins, M.Ed, CHES, and the NKHD REACH CQI team leader. All of the CPSTF’s findings are housed on the Guide to Community Preventive Services website (The Community Guide).

Sustainability is the Goal

Four schools, each in a different county, participated in the first REACH project for a two-year period. One of the objectives was to have all four schools make one health-related policy change and one environmental change by the end of the project.

“Putting a focus on policy changes was a way to ensure that the schools could create healthy environments and sustain those changes,” Jenkins says.

The first year was for initial assessment of the schools’ environments using the Centers for Disease Control Prevention’s (CDC) School Health Index. The NKHD REACH CQI team assisted the schools—two elementary, one middle, and one high school—through the planning process. They provided training, consultation with school health partners, regular follow up and technical assistance, and on-site visits to the schools. During the second year, the schools made the changes identified on their action plans from year one.

Applying the Evidence

A total of nine policy and 12 environmental changes were made across the four schools. One of the policy changes made was based on the CPSTF’s recommendation for smoke-free policies to reduce secondhand smoke exposure and tobacco use. This made the school grounds 100 percent tobacco-free. Signage was created and all tobacco-related equipment was removed to further enforce this policy.

One environmental change that was made based on a CPSTF recommendation was the development of a staff wellness center. The CPSTF recommends the creation of or enhanced access to places for physical activity to increase physical activity and improve fitness. One of the schools followed this recommendation by using an existing room to create the staff wellness center. Jenkins and her team provided that school with resources and information on the types of equipment to purchase and how to develop staff wellness programs.



Another environmental change was made based on the CPSTF's recommendation for street-scale urban design and land use policies to increase physical activity. Enhancing street landscaping is one of the design components of this intervention. One of the schools used this intervention to increase safety at student pickup and drop-off areas. Safety-related signage was installed, lines were painted on the driveway, which included crosswalks, and fencing was built.

Although the schools only used three interventions that were recommended by the CPSTF, Jenkins says her team looked at other CPSTF findings to inform the schools about alternative options for policy and environmental changes. For example, the CPSTF found insufficient evidence for multicomponent school-based nutrition interventions.



Even so, the NKHD REACH CQI team knew it was important for the schools to address the need for healthier food options. Nutrition-related policies were created to address food allergies and one school created a provision that only allowed for healthy beverages in the cafeteria and in vending machines.

"We did not want to ignore insufficient evidence findings because we knew there were things that could be impactful even if there was not solid evidence at that time," Jenkins says.

Her team sought guidance from other resources, including HealthMPowers, a nonprofit organization that uses evidence-based guidelines established by CDC to promote healthy eating and physical activity in schools. Also, the NKHD REACH CQI team included Registered Dietitian, Monica Smith, MS, RDN, LD, who was able to provide nutrition recommendations to schools and encourage healthier choices, and Michelle Eversole, MPA, who helped with the smoke-free policies.

Replicating Successful Outcomes

Two of the schools improved their School Health Index scores by an average of 4 percent and the other two schools improved their scores by an average of 7 percent. All policy changes and 10 of the 12 environmental changes that were made are still in effect.

In February of 2013, NKHD applied for and received five-year accreditation from the Public Health Accreditation Board (PHAB). The CQI program aligned with one PHAB's measures for implementing health promotion strategies to protect the population from preventable health conditions. The NKHD REACH CQI team is currently working with four new schools on the third cycle of the project.

Lessons Learned

- **Look carefully at why the CPSTF found Insufficient Evidence.** Insufficient Evidence findings do not mean that a particular strategy does not work; only that enough evidence does not exist to make a decision. Look for evaluated programs that focus on outcomes the same as those reviewed and make plans for a strong evaluation.
- **Patience and momentum.** Busy schedules, personnel changes, and other factors can make it difficult for some teams to find the time or ability to work together. Providing regular opportunities for teams to meet and learn from one another can be an important key in getting started and building momentum. Partnerships help you build.
- **Double the benefit.** Programs based on findings from the CPSTF are evidence-based and may also provide necessary documentation for some PHAB measures, therefore, helping with application for accreditation.

What is The Community Guide?

The Guide to Community Preventive Services (The Community Guide) is an essential resource for people who want to know what works in public health. It provides evidence-based recommendations about public health interventions and policies to improve health and promote safety.

The Community Preventive Services Task Force (Task Force)—an independent, nonfederal, voluntary panel of public health and prevention experts—bases its recommendations on systematic reviews of the scientific literature. With oversight from the Task Force, scientists and subject-matter experts from the Centers for Disease Control and Prevention conduct these reviews in collaboration with a wide range of government, academic, policy, and practice-based partners.

www.thecommunityguide.org

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 Community Preventive Services Task Force

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¹Health and academic achievement. 2015. National Center for Chronic Disease Prevention and Health Promotion. Available from: http://www.cdc.gov/healthyyouth/health_and_academics/pdf/health-academic-achievement.pdf. Accessed on September 1, 2015.

²Sebastian, R., Fairbrother, G. 2011. Greater Cincinnati/Northern Kentucky child well-being survey project report. Accessed on August 14, 2015

³Youth Risk Behavior Surveillance System. Kentucky 2011 and United States 2011 results. Available from: <http://nccd.cdc.gov/youthonline/App/Results.aspx>. Accessed on July 23, 2015.