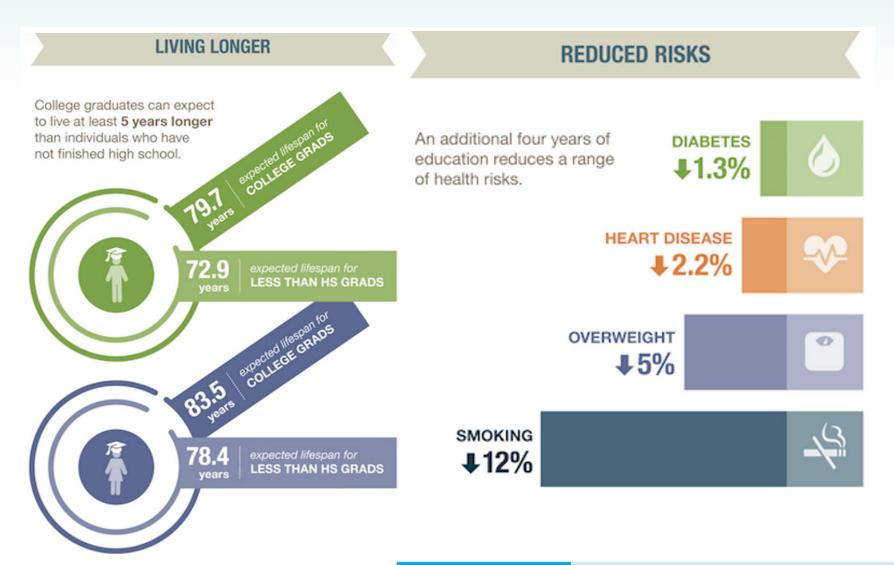
Reaching All Children by Going Where They Are, In School

Dr. Janice D. Key & Sarah Piwinski Boeing Center for Children's Wellness



Education and Health Must go Hand-in-Hand



SOURCES: "Exploring the Social Determinants of Health: Education and Health" created through the Robert Wood Johnson Foundation Commission to Build a Healthier America, April 2011; and "Healthier Students Are Better Learners: A Missing Link in School Reforms to Close the Achievement Gap" from the Campaign for Educational Equality, March 2010



Changing What's Possible

Education and Health Must go Hand-in-Hand

More education leads to better health, but the flipside is also true. Kids who are healthier tend to do better in school.

Lowered student motivation and decreased ability to learn have been linked with:



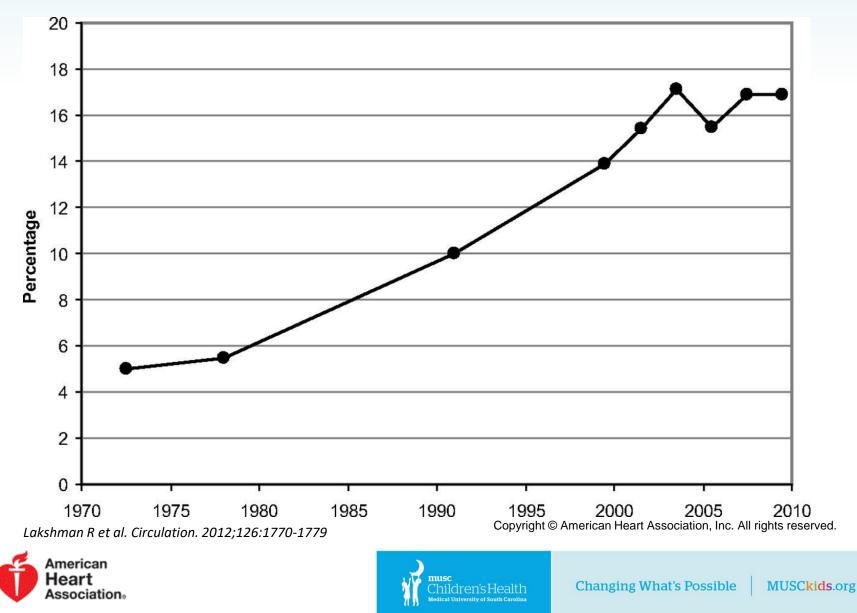
- Healthy students are better learners.
- Healthy, successful students help build strong communities

Schools, public health agencies, community organizations and more can all play a role in creating healthier, safer communities to give kids a better shot at a healthy start in life.

SOURCES: "Exploring the Social Determinants of Health: Education and Health" created through the Robert Wood Johnson Foundation Commission to Build a Healthier America, April 2011; and "Healthier Students Are Better Learners: A Missing Link in School Reforms to Close the Achievement Gap" from the Campaign for Educational Equality, March 2010



Prevalence of obesity (body mass index >95th percentile) among children and adolescents 2 to 19 years of age in the United States between 1971 to 1974 and 2009 to 2010 shows a recent plateau from 2003 to 2004 on.



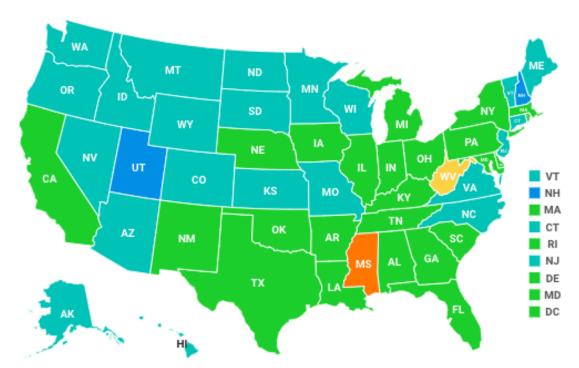
Childhood Obesity Nationwide

Obesity Rate, Youth Ages 10-17, 2016-2017

Select years with the slider to see historical data. Hover over states for more information. Click a state to lock the selection. Click again to unlock.



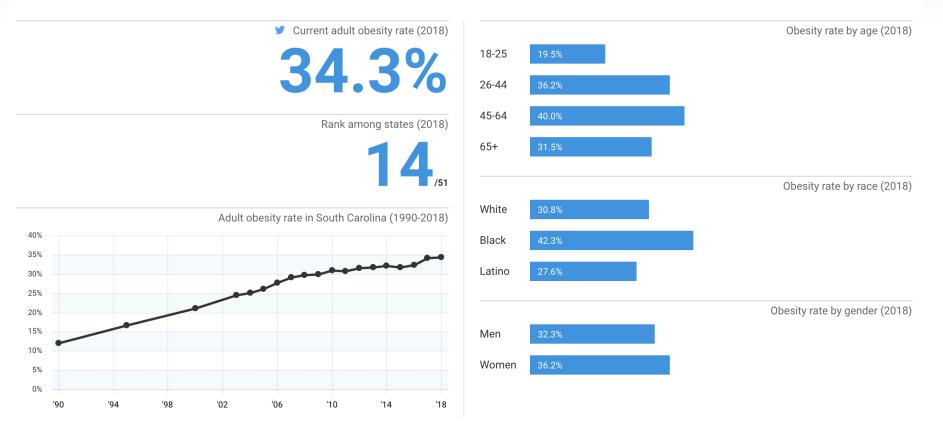
0 - 9.9% **1** 10 - 14.9% **1** 15 - 19.9% **2** 0 - 24.9% **2** 5 - 29.9% **3** 0 - 34.9% **3** 35%+





South Carolina Health Factors

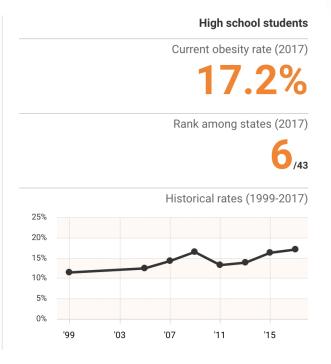
Adult Obesity New Data



https://www.stateofobesity.org/states/sc/



South Carolina Health Factors



10- to 17-year-olds

Current obesity rate (2016-2017)

15.4%

Rank among states (2016-2017)

24/51

Historical rates (2016-2017) 25% 20% 15% 10% 5% 0% '16 '16-'17

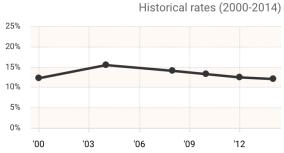
2- to 4-year-old WIC participants

Current obesity rate (2014)

12.0%

Rank among states (2014)

45/51



https://www.stateofobesity.org/states/sc/

Tri-County Health Outcomes

		South Carolina	Berkeley (BK), SC X	Charleston (CH), SC X	Dorchester (DO), SC X PEER COUNTY
Health Outcomes			7	3	8
Length of Life			7	4	6
Premature death		8,700	7,500	7,200	7,500
Quality of Life			8	5	11
Poor or fair health		19%	17%	15%	16%
Poor physical health days		4.2	3.8	3.8	4.2
Poor mental health days		4.4	4.4	4.2	4.6
Low birthweight		10%	8%	9%	8%
Health Factors			10	3	5
Health Behaviors			17	5	4
Adult smoking		20%	18%	16%	15%
Adult obesity	0	32%	35%	27%	33%
Food environment index	0	6.3	7.8	7.6	8.1
Physical inactivity	0	25%	24%	20%	24%
Access to exercise opportunities		69%	77%	80%	77%
Excessive drinking		18%	22%	22%	18%
Alcohol-impaired driving deaths		35%	35%	35%	35%
Sexually transmitted infections	0	575.5	273.2	746.5	491.2
Teen births		30	27	20	23

https://www.countyhealthrankings.org



Why School-Based Wellness?

- Traditional health care of individual patients in a medical office setting cannot adequately address common conditions that are associated with large societal issues. A public health approach targeting schools can reach more children and address educational attainment, a very important contributing factor to health disparities.
- > 95% children in schools
- Large portion of daily food and exercise occurs at school
- Can enhance academic performance and behavioral improvements







Whole School, Whole Community, Whole Child Model





Docs Adopt School Health Initiative©

Docs-Adopt

• Matches healthcare professionals with individual schools to join school wellness committee

School Wellness Checklist©

- Action guide for implementing evidence-based strategies to improve overall school health environment
- Basis of an annual contest that leads schools to improve nutrition and increase physical activity
- Qualifying schools receive monetary award to use towards wellness projects of their own choosing



School Wellness Checklist

- 1. Getting Started
- 2. Nutrition
- 3. Physical Activity
- 4. Social-Emotional Wellbeing
- 5. Establishing a Wellness Culture
- 6. Employee Connections
- 7. Sustainability

- Must log at least one point in each category
- Minimum of 50 points
- At least 3 wellness committee members
- Minimum of 4 wellness committee meetings



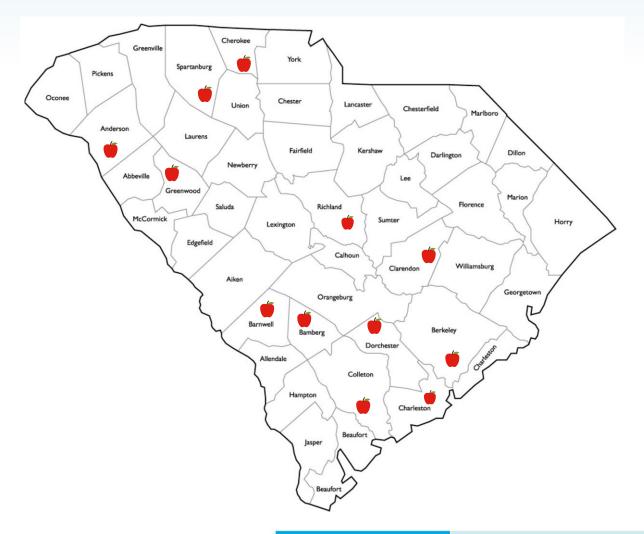
Tri-County Community Partners

- Action for Healthy Kids
- American Heart Association
- Clemson Extension
- DHEC
- Eat Smart, Move More
- Girls on the Run
- Green Heart
- KidsFit Action Based Learning
- Lowcountry Food Bank
- Lowcountry Street Grocery

- Molina Healthcare
- MUSC Heart Health
- MUSC Safe Kids
- MUSC Telehealth
- Summerville YMCA
- The Dairy Alliance
- Tiger Corner Farms



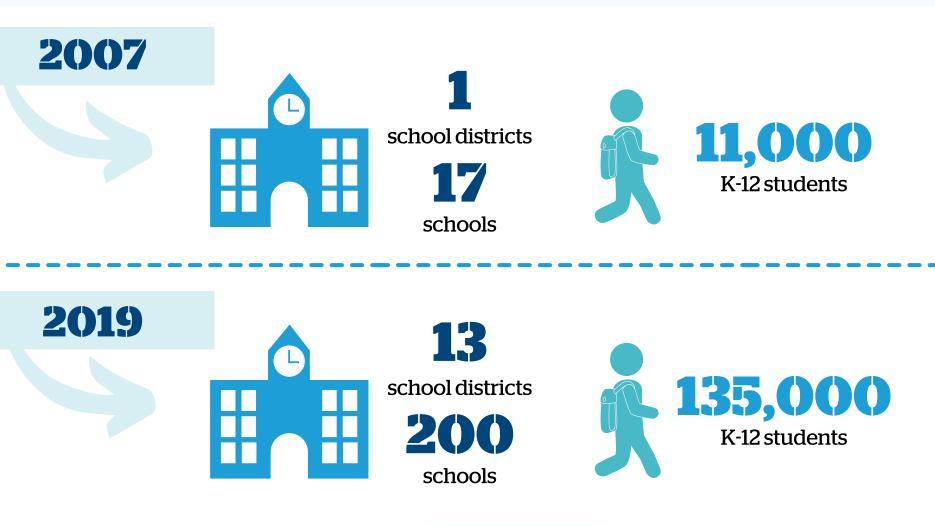
Process evaluation found sustained implementation





Changing What's Possible

Process evaluation found sustained implementation





Process evaluation found sustained implementation

community members on wellness committee



72% participate in outdoor community physical activity events





89%

community partners implementing health promotion activities to students and families



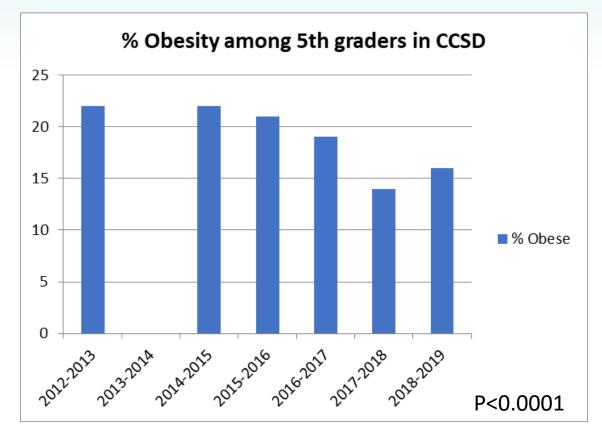


School behavior and performance

Variable	Association
Attendance	4 years participation = 0.5% increase
Suspensions / Expulsions	1 year participation = 0.04% decrease
Grade Retention	1 year participation = 0.19% decrease
High School Graduation	SWC score associated with increase (50 point = 2 pt increase)



Reduction in prevalence of obesity



Since the start of this school based initiative in CCSD in 2008 there has been a 38% decrease in obesity among 5th graders.



Title I schools participate equally

- Participation, winning of awards and SWC scores between Title 1 and Non-Title 1 schools did not vary after adjusting for:
 - Rural/urban status
 - School type (primary, elementary, middle, high, other)
- Limitations:
 - Single state, single program. Findings may not be generalizable
 - Could not adjust for race data unavailable at the school level (working on compiling now)
 - Definition of rural versus urban status may vary based on defining institution



Southern Regional 2019 KC Head





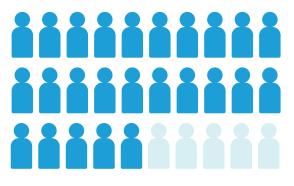


Changing What's Possible

Improved High School Graduation Rate

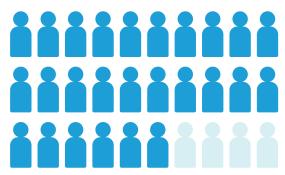
83.8%

On average, schools that achieved **50** points on the School Wellness Checklist© had a 83.8% graduation rate.



→ **87.1%**

On average, schools that achieved **150** points on the School Wellness Checklist© had a 87.1% graduation rate.





Contact Us



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