


Rhode Island School District Health and Wellness Subcommittees: A Progress Report

A photograph of a single, ripe red apple with a small stem, resting on a stack of three old, worn books. The books have yellowed pages and dark covers. The background is a solid, vibrant green color.

“Schools play an integral role in guiding the development of healthy lifestyles for their students. As a state senator, I sponsored legislation to promote health and physical education at the district level in Rhode Island schools. We have made great progress in this area, and as lieutenant governor, I am going to continue to be a partner with school districts across the state and the Departments of Health and Education to make sure that this progress continues.”

—Elizabeth Roberts, Lieutenant Governor of Rhode Island

March 2007

Dear Colleagues:

An important law was passed in June 2005 to help Rhode Island schools support health and academic success within the school community. Over a year after this law was established, Rhode Island is demonstrating to the nation that the combination of state and community-based support can effectively change school environments.


With the support of a bi-partisan legislative mandate, key partners, and state programs, committed administrators, staff, parents, and students have been able to work effectively on the local level, improving the health and wellness of students and staff. The products of these efforts to date have included motivated new district subcommittees addressing health and wellness issues, action plans for school improvements, and broad-based, district wellness policies. There has been a tremendous amount of work to date and we would like to thank all members of District Health and Wellness Subcommittees statewide for embracing this charge to support health within the school community.

The real challenge of the work lies ahead: making health and wellness policy come alive in each and every school in Rhode Island. With the infrastructure in place, schools are moving forward with plans to improve nutrition, increase physical activity, and decrease obesity rates. These health and wellness activities are crucial for educational success, as children who are healthy are better prepared to learn in school, tend to perform better, and are more likely to graduate. Also, local policies can help institutionalize model practices in schools that support student health and achievement. Ideally, these policies and practices will be shared both within districts and statewide. Once institutionalized, these policies and practices become part of the fabric of the school.

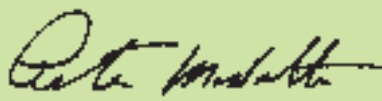
This report highlights the important state and local partnerships formed to address this new legislation. It showcases success stories and provides summary information on school districts' progress statewide in addressing health and wellness through new policies. This report also includes information on how state department staff and policymakers can support the development and implementation of local policies.

We look forward to our continued work together on behalf of Rhode Island's school children and to celebrating mutual successes.

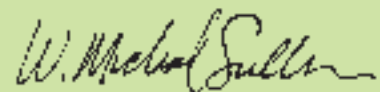
Sincerely,



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“The District Health and Wellness Subcommittees are an important vehicle to develop and sustain health initiatives in schools across the state. After seeing how they were working in a few communities, I co-sponsored the legislation to form them in every district because I wanted to see health improvements for students and school employees statewide.”

—Joseph McNamara, Rhode Island State Representative

How It All Started

In June 2005, the Rhode Island General Assembly passed and Governor Carcieri signed a new law broadening the powers and duties of district school committees to include the health and wellness of students and employees. Going into effect August 1, 2005, this new law (RIPL 05-074/05-076) requires the establishment of a District Health and Wellness Subcommittee in each school district, with a school committee member as a chair and with the majority of members not being employed by the school district. Each subcommittee is responsible for—but not limited to—the development of district policies, strategies, and implementation plans to meet the requirements of the Federal Child Nutrition and WIC Reauthorization Act of 2004. This federal act (PL 108-265) requires districts with schools participating in the National School Lunch Program or School Breakfast Program to establish local school wellness policies by the first day of the 2006–2007 school year. The new state law also requires that district strategic plans include strategies for decreasing obesity and improving the health and wellness of students and employees through nutrition, physical activity, health education, and physical education.

What the New State Law Does

This new law:

- » Makes Rhode Island a model for the nation with its unique legislation for school improvement;
- » Establishes a consistent and effective structure at the school district level to meet state and federal requirements for physical activity and nutrition and to address other key state priorities;
- » Creates an avenue for powerful health and wellness policies that are supported at the state and community level, are “owned” by the school districts, and lead to real change in the school environment;
- » Integrates health and wellness into the district strategic planning process and brings these issues to the forefront of the district agenda;
- » Strengthens communication and collaboration between district leadership and school committee members around district strategic planning for school improvement;
- » Focuses the attention of district leadership and school committee members on health and wellness as an avenue for school improvement, highlighting the link between health and academic achievement; and
- » Raises awareness of health and wellness issues, resulting in the passage of additional legislation. In June 2006, an additional law was passed, requiring all elementary, middle, and junior high schools (even private, Catholic, and charter schools) to offer only healthier beverages by January 1, 2007 and only healthier snacks by January 1, 2008.

For a copy of both the state and federal laws, and other related laws, visit www.thriveri.org/moreinfo/wellness_councils.html and explore the subcommittee toolkit.

This key legislation would not have been possible without the support of key partners, including the Rhode Island Healthy Schools Coalition member organizations and specifically Kids First, New England Dairy and Food Council, American Cancer Society, American Heart Association, and YMCA's of Rhode Island. The legislation also had the full endorsement of the Rhode Island Association of School Committees, the Rhode Island Association of School Principals, and the Rhode Island School Superintendents' Association.

WESTERLY PUBLIC SCHOOLS:

AN INSPIRATION TO ADDRESS HEALTH AND WELLNESS IN SCHOOLS

In 2002, we removed the three soda machines at Babcock Middle School while encouraging students to drink water or juice and to bring bottled water into all their classrooms. At the new Westerly Middle School, opened in September 2005, we stocked our machines with water and drinks of at least 50% juice per a new district policy. This new district policy was developed by our District Health and Wellness Subcommittee and approved by the school committee.

With the vision shared by our school nurse, our School Improvement Team, and our faculty, we structured the students' daily arrival to the new school to ensure that our cafeteria was available as a space for all students to enjoy breakfast. In collaboration, our food service provider agreed to use student breakfast tickets and hold a weekly raffle for theater and bookstore gift certificates donated by the company. We watched our breakfast numbers increase markedly in a few weeks. It was a win-win for everyone!

*Barbara Miller, Principal Fellow,
Rhode Island Department of Education*



A Collaborative Effort for Implementation

Many different groups of dedicated people have worked together to implement this law, resulting in a “top-down, bottom-up” collaborative effort.

State Efforts

At the state level, **thrive**, Rhode Island’s Coordinated School Health Program, has helped districts implement the law by providing a framework for action, as well as technical


assistance, tools, and resources for District Health and Wellness Subcommittees. **thrive’s** efforts have included:

- » Developing a toolkit (www.thriveri.org/moreinfo/wellness_councils.html) with guidance, model policies, data, and other resources to help schools meet the mandates of the state and federal laws;
- » Identifying local school committee and school contacts;
- » Recruiting parents to participate in subcommittees;
- » Recruiting registered dietitians and other health professionals to share their expertise with the subcommittees;

- » Providing training and technical assistance to members of subcommittees;
- » Developing strategies with key community partners to help provide on-going expertise and technical assistance to subcommittees;
- » Supporting the development of the Rhode Island Nutrition Guidance System to help schools determine which foods meet Rhode Island Nutrition Guidelines; and
- » Soliciting endorsement of model policies and nutrition guidelines from the Director of the Rhode Island Department of Health and the Rhode Island Board of Regents.

Schools play a pivotal role in prevention. Through education, policy, and environmental interventions, schools can help students adopt, practice, and maintain healthful lifestyles.



A young girl with long brown hair is performing a handstand on a lush green lawn. She is wearing a white t-shirt and white shorts. Her legs are spread wide in a V-shape, and her feet are pointing upwards. The background consists of dense green trees under a bright sky. The overall scene is vibrant and energetic.

“Rhode Island has been a national leader in supporting health and wellness of students and staff through coordinated school health programs.”

—Howell Weschler, Ed.D., Director of the Division of Adolescent & School Health, U.S. Centers for Disease Control & Prevention

The real challenge of the work is making the policy come to life every day in every Rhode Island school district.

Local Activities

At the local level, school administrators, staff and students, community members, and parents have been working diligently to form subcommittees, develop and implement health and wellness policies and plans, and

incorporate this work into district level planning. These efforts have included:

- » Identifying school committee members to serve as chairs, often as co-chairs with other school leaders;
- » Creating new teams or adding to existing teams to serve as District Health and Wellness Subcommittees;
- » Recruiting and orienting subcommittee members, particularly parents and community members;
- » Conducting assessments of policies, practices, and the school environment related to nutrition and physical activity and to other health areas;
- » Reviewing health and physical education curriculum and instruction, as well as drafting recommendations;

thrive is Rhode Island's Coordinated School Health Program. Developed in 1994 with funding from the Centers for Disease Control and Prevention (CDC), **thrive** was designed to prevent serious health problems and improve educational outcomes. According to the CDC, schools by themselves cannot—and should not be expected to—address the nation's most serious health and social problems. As partners in **thrive**, the Rhode Island Departments of Education and Health work with state, school, and community partners to help create safe, healthy, and nurturing schools to support student academic achievement.



The nine interactive components of **thrive** include: health education; physical education; health services; nutrition services; counseling, psychological, and social services; physical environment in school; social environment in school; health promotion for school staff; and family and community involvement. Through these interactive components, **thrive** strives to achieve:

- » Safe, healthy, and nurturing schools for students, families, and communities;
- » Effective leadership and partnerships at the state and local levels; and
- » Evident health and academic success for all.

For more information about **thrive**, visit www.thriveri.org or contact Midge Sabatini at Margaret.Sabatini@ride.ri.gov or Rosemary Reilly-Chammat at Rosemary.Reilly-Chammat@health.ri.gov.

- » Reviewing available resources, attending trainings, and soliciting technical assistance;
- » Drafting and revising policies and implementation plans;
- » Working with superintendents' offices to incorporate health and wellness strategies into district strategic plans;
- » Presenting policies and plans to full school committees for approval and adoption;
- » Designating local champions to organize activities and monitor and evaluate the implementation of policies and plans; and
- » Educating staff and families on the importance of nutrition and physical activity.



Community Partnerships

Community partners have fueled activities on the state and local levels through continued enthusiasm, energy, and advocacy. As the bridge between state and local endeavors, the efforts of community partners have included:

- » Identifying the needs of communities across the state;
- » Focusing the attention of state leaders and community members on the issues of nutrition and physical activity;
- » Inspiring communities to think broadly about wellness issues and future wellness efforts;
- » Providing ongoing, intensive technical assistance, training, and support;
- » Attending, facilitating, and hosting meetings; and
- » Providing testimony for legislation.

The Rhode Island Healthy Schools Coalition (RIHSC) is a 90+ member organization, founded in June of 2002, dedicated to improving children's nutrition and physical activity in schools by collaborating with diverse stakeholders in advocating, promoting, and implementing national and state initiatives. All members of the RIHSC are committed to working in partnership to help Rhode Island achieve two goals:

- » By October 2007, all schools in Rhode Island will provide all children, pre-K to 12, with daily opportunities to engage in physical activity in addition to quality physical education that helps develop the knowledge, attitudes, skills, behaviors, and confidence needed to be physically active for life.
- » By October 2007, all schools in Rhode Island will adopt policies ensuring that foods and beverages available on school campuses and at school events contribute toward eating patterns that are consistent with *Dietary Guidelines for Americans*.



For more information on the Rhode Island Healthy Schools Coalition, contact Dorothy Brayley at 401-751-4503 or kids1st@gis.net.

Successes and Challenges in School Districts



In creating subcommittees and developing and implementing wellness policies, school districts have faced quite a few challenges and celebrated many successes. Districts that have made the most progress tend to be districts that had health and wellness committees in place prior to the passage of the legislation. Because this is a community-wide engagement effort, the process of forming committees, writing policies, implementing policies, and evaluating impacts is as important as any of the products of this process. These initial infrastructure building and planning phases are just the first steps on the road to improving health and wellness in schools.

Overall Progress

- » All but two districts have formed subcommittees, with most districts reporting that at least 50% of subcommittee members are not employed by the district.
- » Almost all districts have formally adopted wellness policies and are in the implementation stages of these policies.
- » The majority of districts are seeking ways to monitor and evaluate their success with implementation of these wellness policies.

LINCOLN SCHOOL DEPARTMENT: LINKING WELLNESS WITH SCHOOL IMPROVEMENT

The goal of the Lincoln School Department's District Health and Wellness Subcommittee this year is to move from policy to action, K–12, "one step at a time." The subcommittee is currently focusing on expanding its membership and supporting the implementation of the newly adopted (and already amended) wellness policy at the local school level. The subcommittee is working with individual schools as they:

- » Assess their current status;
- » Take steps to ensure compliance with state regulations; and

- » Develop action plans that will support short-term requirements and long-range goals of the policy.

While the state regulations focus on the areas of nutrition and physical activity, School Improvement Teams have been encouraged to look at wellness in the context of all of the components of comprehensive school health as they develop plans to address the needs of their individual schools.

The subcommittee has expanded this year to include additional staff, parents (PTA/PTO), and community representatives (Parks & Recreation, local YMCA, local businesses, and pediatricians). Subcommittee work groups are working on:

- » Addressing concerns specific to the high schools, including issues around adolescent choice and vending machines revenues;
- » Planning a week-long, community-wide wellness celebration tentatively scheduled for April or May; and

- » Developing a simple assessment and evaluation tool that can be used by School Improvement Teams in preparing their reports for the School Committee in June.

It is our intent to use this work group structure to attract additional members to the subcommittee and to get people actively engaged in its work.

*Mary Anne Roll, Chair,
Lincoln School Committee*

Successes

School districts cited many successes in achieving nutrition and physical activity policy and environmental improvements. These successes have included:

- » Establishing district-wide policy, standards, procedures, practices, and goals;
- » Achieving healthier food choices in schools in vending, food service, school stores, and fundraising;
- » Bringing various viewpoints together in broad-based subcommittees, including both staff and parents;
- » Conducting district-wide self-assessments of nutrition and physical activity practices; and
- » Improving health and physical education curriculum.

Challenges

School districts faced quite a few challenges in nutrition and physical activity policy and environmental improvements. Districts reported that community education and “buy-in” were both factors in moving efforts forward. They noted that it was often difficult to change attitudes and mindsets within the schools and the community, so that students, teachers, administrators, staff, parents, and others in the community could work together to adopt healthy lifestyles. Districts also reported the following additional challenges:

- » Finding members, maintaining momentum, and scheduling meetings for the subcommittees;
- » Meeting the 50% non-school employee requirement;
- » Finding successful fundraising alternatives;
- » Securing time and resources for more physical education and activity; and
- » Resolving budget issues.


CRANSTON PUBLIC SCHOOLS: CONNECTING FARMS TO SCHOOLS

Our efforts to join farm to school started four years ago. In a meeting with Alan Hill of Hill's Orchard, Cranston School Food Service Director Mike Marrocco, and Kids First Executive Director Dorothy Brayley, we arranged for Cranston to buy apples from Hill's Orchard. In 2003, Mike, Dorothy and I met with Cranston farmer Vinny Confreda to buy corn. The cost would have been prohibitive if we had to pay people to husk the corn, so Vinny graciously agreed to allow a team of parent volunteers to husk 1300 ears of corn in his warehouse. The first year we husked only once, but in the second and third years, we husked twice, providing a fresh vegetable to students for two days in September. Vinny donated the corn that year, and in 2004, arrangements were made for Vinny to farm five acres in front of Hope Highlands Elementary School in exchange for a regular donation of corn. In addition, this year, Mike purchased butternut squash and potatoes from local farmers. We are really proud of our continuing efforts to connect farms to schools.

Steve Stykos, Chair,

District Health and Wellness Subcommittee



A close-up photograph of a young girl with dark hair styled in two braids. She is wearing a pink, short-sleeved top and a small earring. She is holding a large slice of watermelon to her mouth and looking off to the side with a slight smile. The background is a soft, out-of-focus green, suggesting an outdoor setting.

“Providing healthful choices is easy. There are hundreds of nutritious food items available, and we have found that students really do welcome and appreciate these new and appealing foods in their schools.”

—Dorothy Brayley, Executive Director, Kids First and Chair, Rhode Island Healthy Schools Coalition

Moving Forward

This school year, most school districts are beginning full implementation of their district wellness strategic plans and district wellness policies. In addition, they are developing and implementing plans to effectively communicate these plans and policies to the entire school community. School districts are monitoring progress towards their goals and will be evaluating their progress at the end of the school year. Results of the evaluations will be used to improve the plans and policies for the next school year.

thrive will continue to support the work of the District Health and Wellness Subcommittees by:

- » Providing for professional development and technical assistance;
- » Developing and disseminating updates and additions to the toolkit to address identified needs, including components in other pertinent health areas, such as staff health promotion and tobacco prevention;
- » Developing interactive, web-based tools and resources;
- » Reporting on successes and challenges;
- » Providing assistance on fundraising ideas and classroom management practices in line with district health and wellness policies;
- » Developing and disseminating information to help schools educate the community about subcommittee efforts;
- » Linking the school staff wellness activities with the statewide Governor's Wellness Initiative to make Rhode Island the first well state;
- » Working with state and local policy makers to identify other statutory and policy strategies to further support the health and wellness of children statewide; and
- » Engaging local colleges and universities involved in teacher preparation for health and physical education teachers in this effort.

A MISSISSIPPI SCHOOL DISTRICT: A MODEL FOR ENGAGING THE COMMUNITY

McComb, Mississippi was an early inspiration for the rest of the country in changing school nutrition and physical activity climates to improve student health and academic achievement. When approaching the issue of health and wellness in the McComb School District, district leaders started with the community. Patrick Cooper, Superintendent of the McComb Separate School District, worked with community members to identify their needs and then went back to school leaders. He asked school leaders to think creatively about their roles in the district and figure out how they could use their authority and resources to meet the needs of the community. In some schools, this meant hiring more health professionals who could offer extra health and social support to students, their families, and their communities. When they brought in more health professionals to meet the needs of the school community and change the health and wellness climate of the school, they saw students' test scores rise dramatically. Recent research from other states supports these findings, showing that information can empower school leaders to influence policy and that policy is a major determinant of health behavior and overall health. The key, says Patrick Cooper, is to be a proactive leader. "While I did not dictate a plan for comprehensive health when I came to McComb, I did share my philosophy, my expertise and, most important, my commitment to and belief in the McComb community."

Policy Considerations

Rhode Island can support the current efforts of state programs, community organizations, and school districts by advocating for policies that:

- » Address the needs of all schools and students in the state;
- » Focus on the entire population of the school community, including parents, school administrators, teachers, and staff; and
- » Reach beyond the cafeteria and the gymnasium to effect change in all school environments.

In addition to support addressing nutrition, physical activity, and obesity, schools need support to address other important health topics, like behavioral health concerns, tobacco use, and other risky behaviors that impact teaching and learning.

Specifically, state level leaders can sustain these efforts by supporting the most inclusive policies that improve the nutrition and physical activity environments of schools. These policies could address:

- » The inclusion of all students, grade kindergarten through twelve, in laws that enhance nutrition, physical activity, and other health issues, as appropriate;
- » Flexible scheduling for physical education teachers to increase involvement of these teachers in before- and after-school programs and improve the physical activity components of these programs. This will help incorporate daily physical activity into the school day and address physical education standards.
- » The required use of *The Rhode Island Physical Education Framework* (endorsed by the Rhode Island Board of Regents in March 2003) and the provision of professional development to support instruction aligned with the *Framework*;
- » The inclusion of health education, physical education, and coordinated school health programs in current Rhode Island Department of Education regulations around secondary school reform; and
- » The inclusion of physical education and wellness topics in school-based professional development offerings supported by ARTICLE 31, part of Rhode Island's education reform policy.

“Helping students learn how to make healthful food choices has its challenges, but the rewards are significant when you see young people making behavioral changes. It has been thrilling to see the children change their preferences from the usual favorites like nachos and chicken patties to items such as a boneless skinless chicken breast sandwich or a vegetarian entree made up of fresh vegetables.”

—Solange Morrissette, Sodexo Services, Pawtucket & Newport School Lunch Programs



For more information

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