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The Tennessee Coordinated School Health Report 2008-2009 Executive Summary is produced by the East Tennessee State University Coordinated School Health Evaluation Team. For additional copies or questions regarding content, contact Dr. Deborah Slawson at 423-439-4592, or e-mail [tncsh@etsu.edu](mailto:tncsh@etsu.edu).



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# Tennessee Coordinated School Health 2008–2009

## Executive Summary



**Tennessee Department of Education  
Office of Coordinated School Health**

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# Tennessee Coordinated School Health 2008-2009 Executive Summary

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# Dedication Connie Hall Givens



**Connie Hall Givens**

The *2008-2009 Tennessee Coordinated School Health Executive Summary* is dedicated to the late Connie Hall Givens. Connie made it her passion and life's work to implement fully Coordinated School Health in Tennessee. Due to her endless determination and that of Tennessee Legislators, Tennessee became the first state to provide funding to all school districts to establish the Centers for Disease Control and Prevention's Coordinated School Health model.

*"Connie Givens was one of the greatest leaders that our Nation has had in the field of school health. She has left an extraordinary legacy not just for the children of Tennessee but for children across the United States who will benefit from her vision and accomplishments in improving the health of young people through coordinated school health."*

Howell Wechsler, Ed.D., M.P.H.  
Director, Division of Adolescent and School Health  
U.S. Centers for Disease Control and Prevention





# Tennessee State Governance and Department of Education

## Tennessee State Governance

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Governor

Timothy K. Webb, Ed.D.  
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The Office of Coordinated School Health contracts with East Tennessee State University to conduct the annual state CSH evaluation as well as provide each school system with an individualized annual report.

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# Executive Summary: Tennessee Coordinated School Health (CSH) 2008-2009

For the first time in our country's history, the next generation is expected to have a shorter life span than the current one. This prediction is based on the fact childhood obesity is at unprecedented levels nationwide. Tennessee has the third-highest rate of pediatric obesity in the United States and ranks 44th among the 50 states in health outcomes for its adult populace. Since health habits learned during the formative years are crucial to preventing negative health outcomes later in life, early intervention among school-aged youth is necessary and essential in reducing these alarming trends.

Tennessee is on the cutting edge of reducing these startling statistics by being the only state in the nation with a legislative mandate to implement the Centers for Disease Control and Prevention's Coordinated School Health (CSH) model in all local education agencies (LEAs). In 2006-2007, the Tennessee General Assembly provided funding to support CSH statewide expansion. As a result of this financial commitment, by the 2008-2009 academic year 135 LEAs and four state special schools were participating in this ground-breaking initiative. Local LEA infrastructures are now in place that focus on the health and wellness of all students. CSH Coordinators in each LEA provide the leadership necessary to develop school health policy, partnerships and activities that advance student health and thereby improve student academic outcomes. Healthy children learn better!

## CSH HIGHLIGHTS

- **Childhood Obesity**

Tennessee is reversing the trend of childhood obesity. Excess weight is still very common among the state's youth, however over 8,000 fewer children were classified as overweight and obese in 2008-2009 compared to the previous year. **The prevalence of overweight and obesity among the state's children dropped from 40.9% to 39.0%.**

- **Quality of Nutrition**

Great strides were made in improving the quality of food and drinks sold in Tennessee schools. The percent of Tennessee schools that did not sell soda or high-calorie fruit juices increased from 26.7% in 2006 to 74% in 2008. Tennessee now ranks 2nd in the U.S. in this category. In addition, 64.7% of Tennessee secondary schools sold only foods that met the state's minimum nutritional guidelines. Tennessee now ranks 6th in the nation in this category. **Tennessee has been recognized nationally for these gains and improvements, and is used as a "best practice" for other states to follow. This recognition is largely due to the statewide CSH initiative.**

- **Physical Activity Mandate**

Most elementary schools were in compliance with the legislative mandate for 90 minutes of physical activity (PA) per week during the instructional school day. Among elementary schools statewide, 71% documented they provided all students with the mandated levels of PA, along with 57% of middle schools and 37% of high schools.

- **School Nurses**

There were **2,700,234 student visits to school nurses during the academic year and 61.3% (1,654,609 students) of these students returned to the classroom to receive instructional time.** The increase in school attendance has the potential to impact positively an LEA's Basic Education Program (BEP) funds. BEP is the funding formula through which state education dollars are generated and distributed to Tennessee schools.

- **Health Screenings**

**Over 27% of Tennessee children** Pre-K through grade 12 were screened at school for health problems in 2008-2009. With **over one million screenings completed, 116,659 referrals were made** to health care professionals for care children may not have received without CSH funding.

- **EPSDT Exams**

In 2008-2009, **28,965** students received Early and Periodic Screening, Diagnosis and Treatment (EPSDT) exams in school-based clinics. This helped fulfill the mission of the state's TENNderCARE program.

- **Community Partnerships**

An average of **21 CSH community partnerships per school system were in place during the 2008-2009 school year.** These community partnerships are crucial to building support and sustainability for health related CSH initiatives.



**Coordinated School Health offers Tennessee an unprecedented opportunity to support optimal health for children which ultimately translates into improved student academic performance as well as enhanced economic outcomes for the state.**



# CSH History, Funding, Laws and Guidelines

The Coordinated School Health Model was developed by the Centers for Disease Control and Prevention (CDC) in 1987. From 2000-2008, Tennessee's CSH initiative was modeled after and partially funded by the CDC. This funding provided the foundational infrastructure to begin building and supporting CSH.



In 2000, the Tennessee General Assembly passed the Coordinated School Health Improvement Act T.C.A. § 49-1-1002 and the State Board of Education created Coordinated School Health (CSH) Standards and Guidelines. The CSH initiative, aimed at improving the health of Tennessee public school children, began in 2001. The project was first implemented in the following pilot school systems:

- Gibson County Schools
- Henry County Schools
- Loudon County Schools
- Macon County Schools
- Monroe County Schools
- Putnam County Schools
- Stewart County Schools
- Tipton County Schools
- Trenton Special School District
- Warren County Schools
- Washington County Schools

In 2006, the Coordinated School Health Expansion and Physical Activity Laws T.C.A. § 49-6-1022 and T.C.A. § 49-6-1021 were passed. These laws established authority to expand CSH to all LEAs. In addition, these statutes created a Specialist in Physical Education and a School Health Coordinator position within the Tennessee Department of Education and mandated 90 minutes per week of physical activity in grades K-12.



**For less than \$16 per child, the benefits of CSH are available to all students.**





# Coordinated School Health Model

Coordinated School Health (CSH) is a seamless model of support connecting students' health and their capacity to learn through the support of families, communities and schools all working together in a coordinated and cost-effective manner. The model brings together school administrators, teachers, staff, students, families, and community members to assess health needs; set priorities; and plan, implement, and evaluate school health program activities.

CSH focuses on integrating efforts across eight inter-related components: health education, health services, nutrition services, health promotion for school staff, Physical Education, mental health and social services, healthy and safe school environments, and student, family, and community involvement.

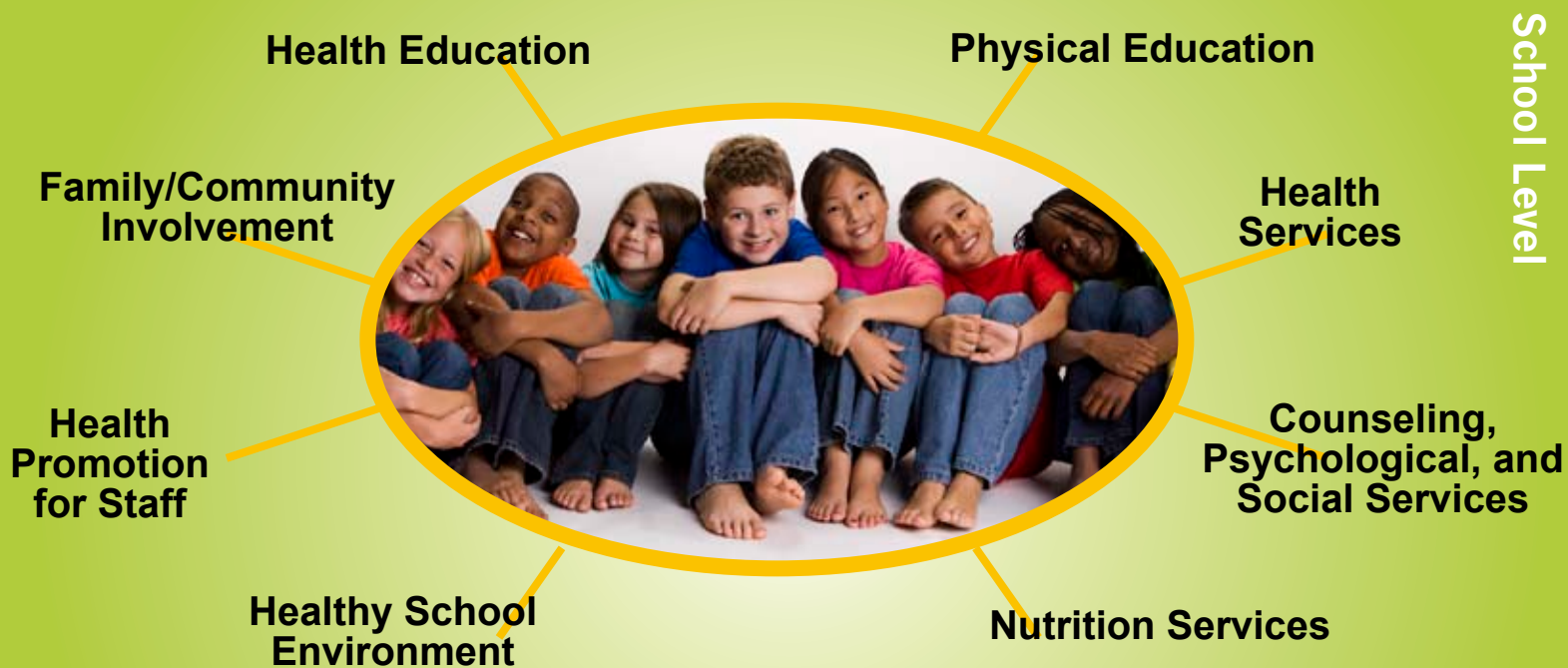
Tennessee CSH is implemented in a way that addresses the unique needs of each school district, with the goal of effectively targeting resources within a particular school community.

Having a legislative mandate for CSH in Tennessee is crucial to the effectiveness of the program since it authorizes and funds staff, materials, training and evaluation for each school system.

*“With the knowledge and data that proves our children are getting more overweight and unhealthier with each passing year, it is imperative that each school system have a Coordinated School Health Program. This program gives our School Board an efficient way to understand our children’s health and well-being, and plan and implement needed changes to facilitate learning.”*

Mrs. Kathy Norman, R.N.  
Giles County School Board Member

# Tennessee Coordinated School Health In Action



*“Improve students’ health and their capacity to learn through the support of families, communities, and schools”*

**CSH Coordinator**

**District Level**

**Tennessee Department of Education**

**State Level**

**Tennessee General Assembly  
Mandate for CSH Statewide Implementation  
Passage of TCA § 49-6-1022**



# State Office of Coordinated School Health - Role and Highlights

With the expansion of CSH to all school districts in the state, the Office of Coordinated School Health staff facilitates the implementation of CSH by providing technical assistance to LEAs and state special schools. Some of the many activities of the state office include:

- Collaborate with the State CSH Advisory Committee.
- Maintain and revise the CSH grant application which is used to monitor the statewide CSH initiative.
- Provide ongoing professional development for CSH Coordinators through an annual CSH Training Institute and CSH regional training events.
- Create CSH communication materials and public reports.
- Provide professional development for faculty and staff in LEAs.
- Revise state standards for Health Education, Physical Education and Lifetime Wellness.
- Implement U.S. Department of Education's *Schools and Mental Health Systems Integration* grant statewide.
- Develop and oversee the revisions of the universal School Health Screening Guidelines for schools.

Through the guidance provided by the state Office of Coordinated School Health, coordinators across the state provide the crucial link in each school system that allows LEAs to implement and oversee state mandates and laws, which include:

- Assessments of students' Body Mass Index
- Physical Activity
- Vending/Competitive Foods
- Tennessee's HIV/Family Life
- Safety Instruction
- Bloodborne Pathogen Training
- Character Education
- Suicide Prevention Training
- Child Nutrition and WIC Reauthorization Act of 2004 (local wellness policies)
- Data and Compliance Report



**CSH facilitates the coordination of effort within each school system which makes fulfilling these state and federal mandates possible.**

# CSH Advisory Board

Under the guidelines in the Coordinated School Health Improvement Act of 2000, the Office of Coordinated School Health has a statewide Advisory Board that meets annually. Since its inception, Tennessee's implementation of CSH has been guided by the Advisory Board comprised of representatives from multiple organizations and institutions across the state. Each of these entities recognizes the importance of providing children with a firm foundation of health and wellness in order to reach their full potential. The following organizations/groups are represented on the CSH Advisory Board:

- Alliance for a Healthier Generation
- American Heart Association
- Blue Cross/Blue Shield of Tennessee (Walking Works program)
- Governor's Council on Physical Fitness and Health
- Governor's Office for Children's Care Coordination
- Hospitals and Universities statewide
- Rural Health Association of Tennessee
- Southeast United Dairy Industry Association
- Tennessee Action for Healthy Kids
- Tennessee Association for Health, Physical Education, Recreation and Dance
- Tennessee Association of School Nurses
- Tennessee Commission on Children and Youth
- Tennessee Department of Agriculture
- Tennessee Department of Education
- Tennessee Department of Health
- Tennessee General Assembly - Select Committee on Children and Youth
- Tennessee Parent Teacher Association
- Tennessee Public Health Association

The members of the CSH Advisory Board have been instrumental in guiding the implementation of the initiative, and have collaborated with the state Office of Coordinated School Health to ensure all aspects of the Centers for Disease Control and Prevention's model have been fully addressed.

External evaluation has been a hallmark of Tennessee's CSH initiative since pilot sites were established in 2001. The Advisory Board has provided guidance for this external evaluation since the inception of CSH .







# Snapshot of Coordinated School Health in Action in Tennessee Schools

Schools across the state are now providing a heightened level of support for collaborative efforts that involve community members, school personnel, parents, students, local organizations and health care providers. Together, they are fostering an integrated model that is changing the school environment so students' health and their capacity to learn is enhanced.

## What makes a CSH school unique?

- Parental and student involvement through membership in school and district CSH Advisory Committees.
- Coordination of efforts among faculty and staff dedicated to the various elements of CSH.
- Increased opportunities for student physical activity for all students Pre-K through 12.
- Comprehensive Health Education offered to students Pre-K through 12.
- Intensive and ongoing professional development for staff and faculty.
- Promotion of staff and faculty wellness.
- Healthier cafeteria, vending machine and à la carte food and drink options.
- Funds for Physical Education equipment, curriculum, climbing walls, playgrounds and walking trails for structured physical activity at school.

*“CSH has given to the students at Richland Elementary an awareness about staying healthy and physically fit. The students have a better understanding of nutrition and the effects that good nutrition makes on their bodies. The students at Richland Elementary walk every day and enjoy and understand the positive effects that it has on their bodies. Students will often make positive comments to me concerning their health, food intake or physical fitness. That awareness comes from the CSH program. Thanks for making our students more involved in their well being.”*

Velena Newton  
Principal  
Richland Elementary  
Giles County Schools



# CSH – A Safety Net During Economic Instability and Community Crisis Schools



Due to a full-time CSH Coordinator present in each school system, schools were prepared to address effectively the H1N1 epidemic and student crises that rose from the economic recession. Specific examples include:

## H1N1 Response

- Prevention information was shared with students, staff and parents.
- Viral infection prevention protocols were established and supplies provided and/or donated.
- H1N1 flu shot clinics provided for students and staff.
- H1N1 responses were coordinated with local health departments.

## More children needed referrals to health care providers

- Increased number of school-based clinics established.
- Increased number of student health screenings and subsequent referrals to health care providers.
- Increased donations from healthcare providers for dental and hygiene supplies.

## More children were without health insurance due to parent's unemployment

- Increased number of children received health insurance information and referral information for TENNderCARE and TennCare.

## Increased student food insecurity

- Increased free breakfast and lunch programs.
- Increased free snacks and healthy food options.
- Provided weekend food backpack programs for students.

## Need for parental education

- Free education and materials for parents regarding healthy food choices, food preparation, diabetes and obesity prevention.

*"There are some children who eat all their meals at school...It is a great feeling to know they have something to eat on the weekends when not in school, thanks to the Backpack Attack program."*

Teckla Stephens, School Nurse  
Paytra Young, School Counselor  
Fentress County Schools





# CSH Statewide Impact

## Successful Integration of CSH Across the State

In 2008-2009, the Tennessee Department of Education's Office of Coordinated School Health facilitated the second year of statewide implementation. All participating LEAs have a CSH coordinator who works with school personnel, parents, community members and students to identify school health priorities and develop action plans to meet identified needs.



**Because of the CSH initiative in Tennessee, Coordinators are able to use their LEA-specific evaluation data to develop and strengthen policies, increase partnerships and initiate programs tailored to identified system needs.**

- In communities throughout Tennessee, school systems have developed a CSH infrastructure that supports student well-being. Of 136 school systems (not including state special schools), 135 implemented CSH during the 2008-2009 academic year. Among these participating school systems:
  - Ninety-six percent (96%) have a School Health Advisory Council in place (a system-wide council).
  - Ninety-three percent (93%) have formed Staff Coordinating Councils at the district level to aid in communication between the eight components of CSH.
  - Ninety-five percent (95%) have Healthy School Teams formed at all CSH schools (school-level teams).
  - Ninety-eight percent (98%) base their CSH programming and budgeting on an action plan developed in response to needs identified within the LEA.
  - Ninety-eight percent (98%) use the CDC's School Health Index self-evaluation tool to guide program planning.

*(Source: 2009-2010 CSH Continuation Applications)*

## Positive Influence on LEA Policy Development

CSH Coordinators recognize the importance of policy as a guiding force for lasting change within school systems.

- Ninety-five percent (95%) of school systems have incorporated school health goals into the School Improvement Planning (SIP) and/or the Tennessee Comprehensive System-wide Planning Process (TCSPP) District Planning processes.
- Eighty-nine percent (89%) of LEAs have developed new school health policies as a result of CSH implementation.

- Ninety-nine percent (99%) of school systems have updated, or are in the process of updating, the USDA mandated Wellness Policy to include the CSH mission, goals and action plans.

*(Source: 2009-2010 CSH Continuation Applications)*

## **Grants and In-Kind Funding Achievements**

CSH coordinators have taken advantage of many grant writing opportunities nationally and have facilitated the accrual of a significant amount of additional funding to support and expand their work in schools and communities across Tennessee.

- Over 99% of LEAs made two attempts or more at seeking additional funding and in-kind support for CSH initiatives in 2008-09, and 131 of 136 LEAs (97%) were successful.
- A total of \$12,174,346 in grants and in-kind funds was awarded to school districts during this school year through CSH coordinators' leadership.
- Over 20% of 131 systems received additional grants totaling greater than \$100,000 each.
- Funded programs include a wide array of initiatives and partnerships with health care centers, community-based organizations, universities, and federal entities, reflecting the value of CSH partnerships in enhancing educational offerings and opportunities for students.

*(Source: 2009-2010 CSH Continuation Applications)*

## **LEA Partnerships**

Partnerships with county health departments, universities, businesses, hospitals and non-profit organizations flourish at both the state and local level. A total of 2,839 active CSH partnerships were documented by CSH coordinators. An average of 21 partners for each LEA and its CSH initiative demonstrates the interest that CSH generates within the communities that are served. *(Source: 2009-2010 CSH Continuation Applications)*

- Collaboration and partnership-building characterize the work of the CSH coordinators.

## **Initiatives and Programs**

Value-added educational experiences provide students with the tools needed to obtain and maintain healthy behaviors for a lifetime. In addition, these educational experiences create healthy benefits to families. Professional development empowers faculty members' efforts to create and implement effective programs for schools and classrooms.

- Ninety-eight percent (98%) of participating school systems have provided CSH professional development to their staff.





# CSH Statewide Impact

## Initiatives and Programs (Cont.)

- Ninety-six percent (96%) of LEAs report providing *TAKE 10!* training and materials to classroom teachers. *TAKE 10!* provides teachers with curricula for integrating physical activity into math, reading and science.
- According to the Centers for Disease Control and Prevention, the CSH component having the lowest reported rate of implementation in schools nationwide is Comprehensive Health Education. In Tennessee, Comprehensive Health Education training and materials have been provided to teachers at 82% of participating LEAs. The evidence-based curriculum recommended by the state Health Education Specialist is the Michigan Model Curriculum. (Source: 2009-2010 CSH Continuation Applications).
- Program emphasis areas for students are targeted toward providing comprehensive health education and multiple opportunities for practicing healthy eating and physical activity behaviors:
  - Seventy-nine percent (79%) of participating LEAs indicated they are providing comprehensive health education for students in their school systems. (Source: 2009-2010 CSH Continuation Applications)
  - Eighty-three percent (83%) of responding LEAs either reported “met” or “in progress” toward providing Physical Education for all students by a certified Physical Education teacher. (Source: 2009-2010 CSH Continuation Applications)
  - Fifty-four percent (54%) of school systems provide daily Physical Education to their students. (Source: 2008-2009 Data and Compliance Report)
  - Eighty-one percent (81%) of school systems indicated they offered a tobacco prevention program to students. (Source: 2008-2009 Data and Compliance Report)



- Programmatic supports provided by the Tennessee Office of Coordinated School Health:
  - Professional development sessions to intergrate physical activity in to the classroom were provided to over 10,000 teachers during this school year. (Source: OCSH)
  - Training, support and materials for Comprehensive Health Education were provided to over 6,000 teachers statewide. (Source: OCSH)
  - Over 160 teachers were trained and provided materials for HIV/ Family Life Education during CSH Regional Workshops.
  - Statewide professional development for CSH coordinators is offered at the annual CSH Institute and the Rural Health Association annual meetings in addition to CSH regional workshops. These meetings facilitate networking and communication between coordinators and state support staff, in addition to providing opportunities to gain expertise in using leadership skills, implementing action plans and strengthening community interactions.
  - The Office of Coordinated School Health continued its implementation of the *Schools and Mental Health Integration grant* from the U.S. Department of Education. State and local school mental health policy, identification and referral training as well as community partnerships have all been developed as a result of this federal grant.





# CSH Statewide Impact

*“Murfreeboro City Schools’ Office of Coordinated School Health has strengthened and developed many community partnerships. The financial sustainability, strength of community partnerships, and local infrastructure of Murfreeboro City Schools’ Office of Coordinated School Health has been recognized and commended by administrators, school board members, legislators, and the local and regional media. The Office of Coordinated School Health provided over \$207,000 in grants and in-kind support for students, staff, and community members during the 2008-2009 school year. Healthy children learn better, and Coordinated School Health has helped educators embrace this fact and understand that Coordinated School Health is a vital part of educating the whole child.”*

Andrea Cain, RN, BSN  
Supervisor of Coordinated School Health  
Murfreeboro City Schools



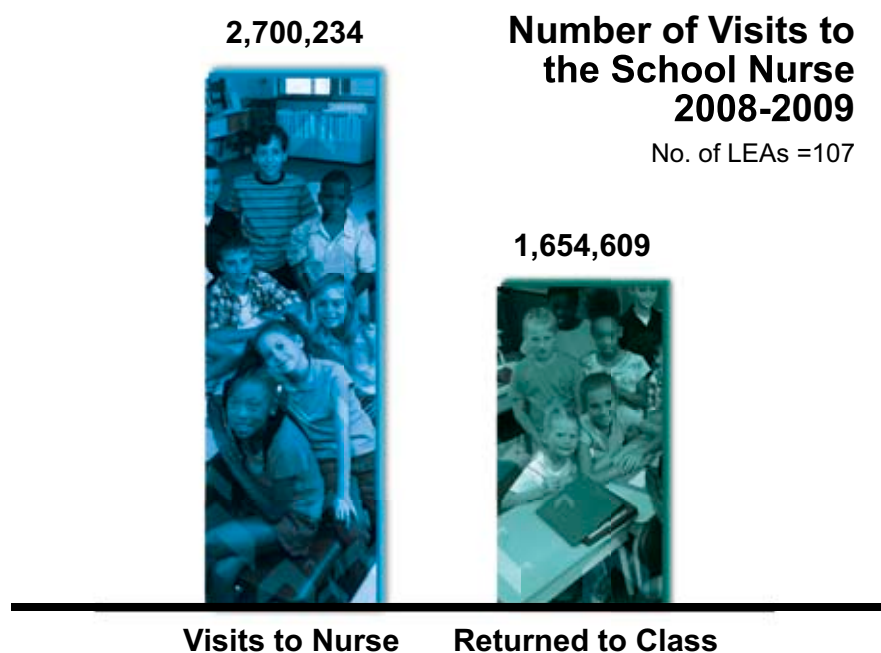
# School-Based Clinics and Nursing Services

On-site clinics and school nurses offer a variety of medical services, including primary prevention services and opportunities for intervention to students as well as to faculty and staff in various locations.

- Twelve school systems have at least one school-based health clinic. Among these LEAs, 54 schools offer a school-based clinic for students.
  - Sixty-eight percent (68%) of these clinics provide students with physicals.
  - Thirty-nine percent (39%) use telemedicine to deliver some of their services.
  - Fifty percent (50%) provide services to faculty and staff as well as to students. *(Source: 2008-2009 Data and Compliance Report)*
- A total of 1,474 nurses were working in Tennessee schools during 2008-2009. Of 135 LEAs and 4 state special schools, 97% met the requirement of a nurse to student ratio of 1:3,000. *(Source: 2008-2009 Data and Compliance Report)*



Of 107 LEAs reporting detailed data in 2008-2009, an unprecedented 2,700,234 student visits were logged by school nurses. This nearly doubles the number of visits from the 2007-2008 data where 1,483,619 school nurse visits were logged. Furthermore, 1,654,609 of the 2008-2009 visits culminated in the student returning to the classroom. This represents a 60% student return rate. Without this service, many of these students would have lost valuable classroom learning time. This data illustrates the overall effectiveness of the CSH system by demonstrating a high nurse-to-student utilization rate. *(Source: ETSU CSH Evaluation)*







# School Health Screenings and Referrals

LEAs in Tennessee screened students in K, 2, 4, 6, 8 and one grade in high school for vision, hearing, body mass index (BMI) and blood pressure.



**Over one million screenings were conducted during this second year of CSH implementation statewide.**

**As a result of these screenings, 116,659 referrals (11.3% of screenings completed) were made to a health care professional or parent, predominantly for BMI, vision and dental concerns. (Source: ETSU CSH Evaluation)**

School health screenings are critical, especially for children without health insurance. Unidentified and/or undiagnosed health impairments could have hindered the academic success and future health of these children.

*“Programs or policies that increase children’s exposure to safe, stable, and nurturing relationships and environments can improve their health over a lifetime. Moreover, these programs can be more efficient than treating health problems as they arise later in life. Such programs can also reduce criminal behavior and generate important economic benefits to society. The high-quality scientific evidence supporting these propositions justifies investments in prevention research and programs to support parents and communities in raising safe and healthy children.”*

Mercy, J.A. & Saul, J. (2009). Creating a healthier future through early interventions for children. *Journal of the American Medical Association*, 301(2), 2262-2264.



# Physical Education and Activity

Tennessee Code Annotated § 49-6-1021, mandates 90 minutes per week of physical activity in the instructional school day for all Tennessee students in grades K through grade 12. With this mandate, Tennessee legislators demonstrated their awareness of the strong association between physical activity and obesity. Students learn and do their best academically when they are healthy and focused.

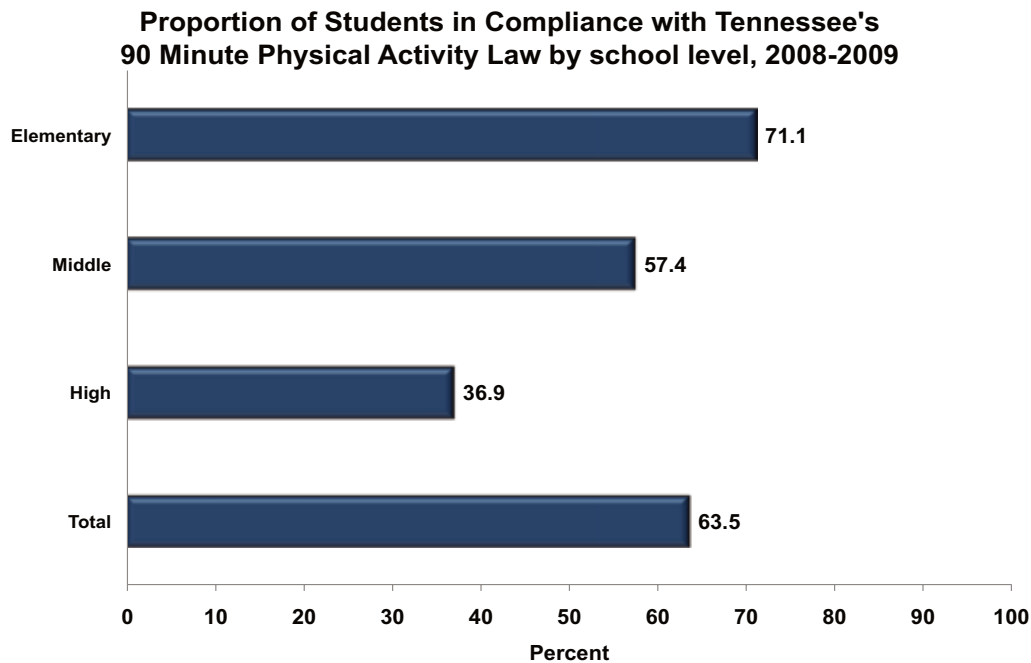
Schools are required to record the number of minutes of physical activity and Physical Education (PA/PE) for each grade.

Reports of physical activity and Physical Education were received from 135 school systems for 2008-2009.

Eighty-nine percent (89%) of school systems statewide reported they have implemented the Physical Activity Law for all students.

*(Source: 2008-2009 Data and Compliance Report\*)*

Of all reporting schools, 71% of elementary schools, 57% of middle schools and 37% of high schools were in compliance with the law in 2008-2009.



East Tennessee State University - Tennessee Coordinated School Health Evaluation

\*These compliance rates are based on self-reported information, and are not verified by a third party.





# Healthy Food Choices and Nutrition Education

Providing students with nutritious food choices and equipping them with the knowledge of how to choose healthy diets are both crucial elements for CSH in Tennessee. Positive dietary habits are related to the prevention of numerous chronic diseases and obesity prevention as well as linked to better academic performance.

## Improvements to Foods Offered at School: Vending and à la carte

The Centers for Disease Control and Prevention conducts a national survey, *School Health Profiles*, of school principals and health education teachers biannually to assess schools' health policies and practices. Based on findings of the most recent survey, Tennessee has posted unprecedented gains in the nutrition quality of foods offered by their school nutrition programs. As a result of these gains, the Office of Coordinated School Health was invited by the Centers for Disease Control and Prevention to present these findings at the Southern States Obesity Summit in Austin, Texas in October, 2009.

## Improving Nutrition Quality

Tennessee now ranks 2nd in the nation in the number of schools which do not sell soda or high-calorie fruit juices. The overall percentage rank increased from 26.7% in 2006 to 74% in 2008.

*(Source: CDC's School Health Profiles Report 2006 and 2008)*

During the 2008 school year, 64.7% of Tennessee secondary schools did not sell unhealthy food items in vending machines, school stores or snack bars. Tennessee ranks 6th in the nation in this category.

*(Source: CDC's School Health Profiles Report 2006 and 2008)*

- Since its passage of T.C.A. § 49-6-2307 in 2004, the Tennessee General Assembly required the State Board of Education to implement "Minimum Nutritional Standards for Individual Items Sold or Offered for Sale to Pupils in Grades Pre-K through Grade 8." Ninety-seven percent (97%) of school systems reported being in compliance with these standards in 2008-2009. *(Source: 2008-2009 Data and Compliance Report)*

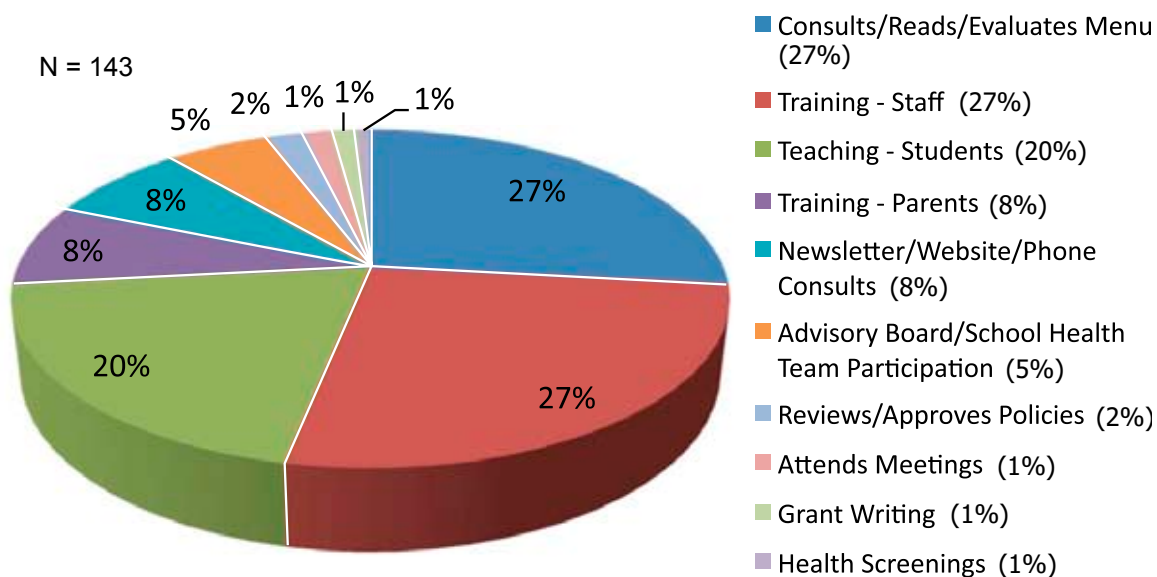


**These significant nutritional shifts towards healthier options can be attributed to Tennessee's ongoing efforts to address youth health and wellness through CSH.**

## Registered Dietitians: Partnering with CSH to Improve Children’s Eating Habits

- As part of the CSH model for the state, school systems employ or contract for services with a Registered Dietitian.
- Approximately 49% of participating school systems (45 of 92 responding LEAs) have a Registered Dietitian in place.
- Registered Dietitians serve their districts primarily by evaluating menus for the School Lunch and Breakfast Programs and by providing training to staff, students and parents. *(Source: ETSU CSH Evaluation)*

### Services Provided by Dietitians



\*4 responses (2.7%) related to the LEA seeking dietitian services  
 East Tennessee State University - Tennessee Coordinated School Health Evaluation



# Body Mass Index: Declining Rates of Obesity in Tennessee's Children



The Percentage  
of Children  
Classified as  
Overweight or  
Obese

**DROPPED**

From

**40.9%**

in 2007-2008 to

**39.0%**

in 2008-2009.

≈

**8,000**

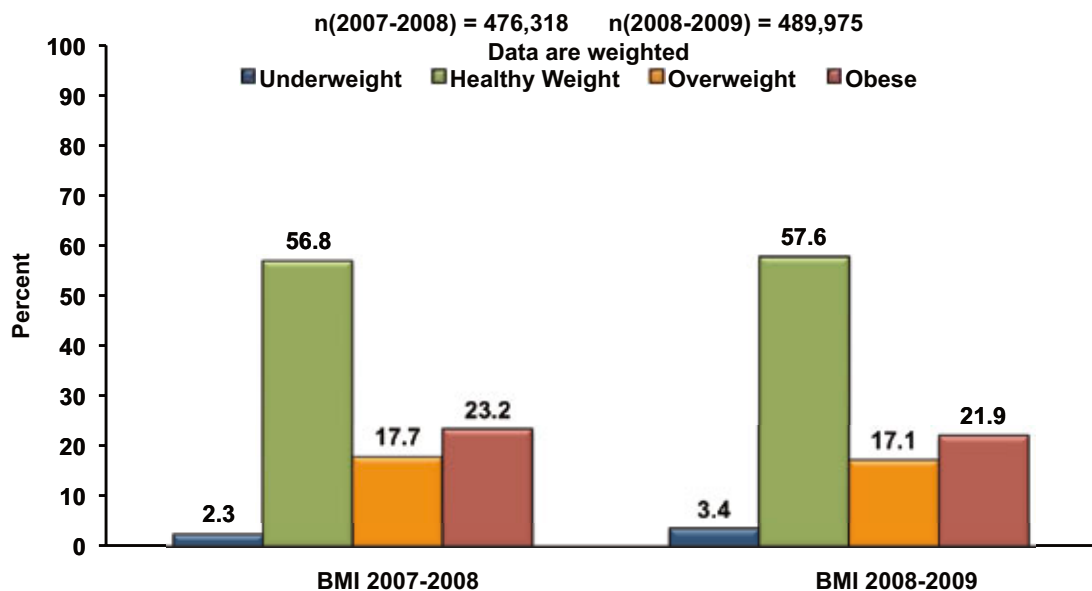
**Students**

During the 2008-2009 school year, CSH Coordinators collected a total of 225,461 measures of height and weight on Tennessee students in grades K, 2, 4, 6, 8 and one year in high school. Body Mass Index (BMI), a measure of weight related to height, was calculated for each student screened and assigned to one of the CDC's four BMI categories which are based on age and sex-specific BMI charts. The categories are: underweight, healthy weight, overweight and obese.

Data analysis<sup>a</sup> was used to ensure the information collected from these students represents the overall student population of the state. Eight thousand more Tennessee children are at a healthy weight this year compared to last year. **In 2008-2009, 57.6% of the Tennessee students were classified as having a healthy weight, compared to 56.8% in 2007-2008. These outcomes are a major contrast to national trends towards rapidly increasing prevalence rates for obesity in children.**

It should be noted two out of five students (39.0%) are still classified as either overweight or obese. One in five of Tennessee students were obese (21.9%), indicating that a significant number of students are at risk for future weight-related illnesses. Therefore, while positive strides have been made, more work remains to be done.

**Tennessee Body Mass Index (BMI) by Weight Status  
Grades K, 2, 4, 6, 8, HS**



East Tennessee State University - Tennessee Coordinated School Health Evaluation  
<sup>a</sup> 2007-2008 and 2008-2009 Weighted Screening Data obtained through Tennessee Coordinated School Health



**Eight thousand more Tennessee children are at a healthy weight this year, compared to last year.**

<sup>a</sup>This preliminary data analysis was performed in consultation with Westat, Inc., Rockville, MD.

# Youth Risk Behavior Survey (YRBS)

The YRBS was developed in 1990 by the Centers for Disease Control and Prevention to monitor priority health risk behaviors that contribute to the leading causes of death, disability and social problems among youth and adults in the United States. These critical health behaviors are:

- Inadequate physical activity
- Unhealthy eating behaviors
- Tobacco use
- Sexual behaviors that may result in HIV infection, other sexually transmitted diseases and unintended pregnancies
- Alcohol and other drug use
- Behaviors that contribute to unintentional injuries and violence

## Selected Highlights from the 2009 Tennessee High School YRBS Survey:

- Sixty percent (60%) of students reported they were not physically active 60 or more minutes per day on five or more of the past seven days.
- Eighty-two percent (82%) of students reported they did not eat five or more fruits and vegetables per day.
- Thirty-three percent (33%) of students drank alcohol in the past thirty days.
- Seventeen percent (17%) of students report being bullied on school property in the past twelve months.
- Forty percent (40%) of students report having sexual intercourse with one or more people in the past three months.
- Thirteen percent (13%) of students report seriously considering attempting suicide in the past twelve months, and eleven percent (11%) have gone as far as developing a plan.
- Fifty-one percent (51%) of students have tried smoking.



**With CSH's statewide expansion completing its second year, the infrastructure and additional supports now in place will enable school personnel to target these health behaviors more directly. This data makes evident the high-priority needs of the state's youth, and reinforces the ongoing need for CSH and the support that it provides to students.**





# Graduation Rate and Cohort Dropout Rate for Pilot Sites

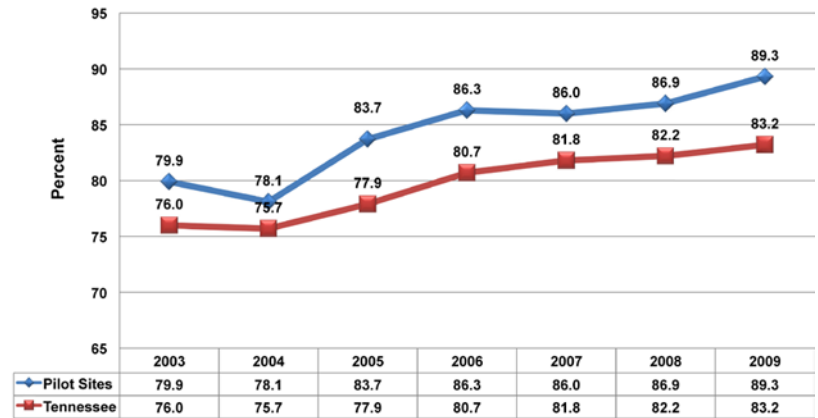
## Graduation Rate

High school graduation rates for students in the CSH pilot LEAs have consistently exceeded the statewide rates since 2002-2003. They continue to outpace the state average. For the 2008-2009 school year, CSH pilot sites reported gains in graduation rates that outpaced the state gain from the previous year, with a rise of 2.4% for the pilots versus a 1% rise for the state. With an average rate of 89.3%<sup>a</sup>, most pilot LEAs are nearly meeting or exceeding the state goal of 90% graduation.

## Cohort Dropout Rate

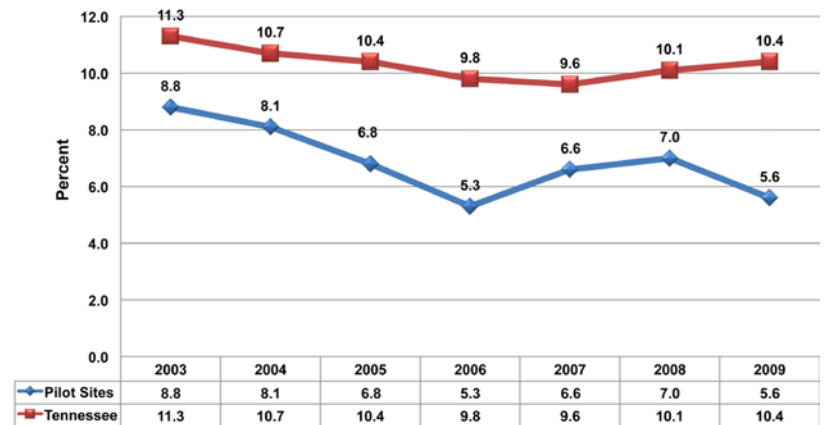
Cohort dropout rates (the rate at which a class size is reduced by dropout) for CSH pilot sites have been below the statewide rate since 2002-2003. CSH pilot LEAs have consistently met the state goal of less than 10% dropout rate. In 2008-2009, LEAs' average dropout rate declined 1.4% from the previous year, while the statewide average actually increased 0.3%.

Graduation Percentages  
Tennessee Coordinated School Health  
Pilot Sites and Tennessee  
2003 - 2009



East Tennessee State University - Tennessee Coordinated School Health Evaluation  
<sup>a</sup> 2003-2009 Data obtained through the Tennessee Department of Education, averaged State Report Card Data

Cohort Dropout Percentages  
Tennessee Coordinated School Health  
Pilot Sites and Tennessee  
2003 - 2009



East Tennessee State University - Tennessee Coordinated School Health Evaluation  
<sup>a</sup> 2003-2009 Data obtained through the Tennessee Department of Education, averaged State Report Card Data



Positive trends in both graduation rate and dropout rate appear to indicate that CSH and its focus on student health did not compromise academic achievement.

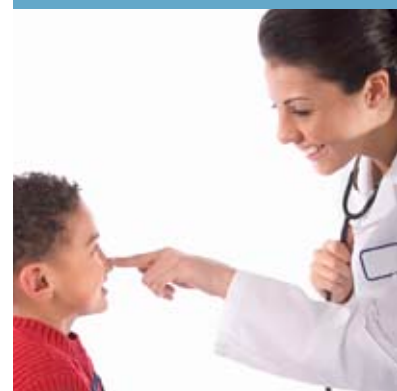
# Tennessee Coordinated School Health Equals Hope For The Future

## Tennessee CSH coordinators continue to build on a firm foundation of success!

- Building capacity to improve student health through community partnerships.
  - Partnerships continue to flourish with county health departments, universities, businesses, hospitals and non-profit organizations.
  - Over 12 million dollars in grants and in-kind funds were brought to Tennessee LEAs during the 2008-2009 school year due to the work of the CSH coordinators.
- Statewide, more children are at a healthy weight now when compared to a year ago unlike national trends in the pediatric obesity epidemic which continue to increase.
- Over one million student health screenings resulted in over 100,000 referrals for needed health care and intervention. Health concerns included BMI, vision, hearing, dental, blood pressure and scoliosis.
- Duplication of scarce resources and services is minimized with the presence of a CSH Coordinator in school districts.
- The basic health needs of students are addressed with collaboration among parents, schools and communities utilizing the CSH eight component model.



**Implementing the Coordinated School Health model throughout Tennessee has led to unprecedented opportunities to improve the health of Tennessee's youth.**







# Key Action Steps for the Future

## Moving Toward a Healthier Future

Tennessee's adult obesity rate is the 4th highest in the nation and Tennessee ranks 44th on *America's Health Rankings* by the United Health Foundation.



## Action Steps

- Continue to utilize CSH to address effectively the problem of pediatric obesity, which offers long-term solutions to rising adult obesity rates and future increases in health care costs statewide.
- Provide education and the support needed to promote positive behaviors among children. Continued funding of CSH will ensure sustainability and expansion of these efforts.
- Include health-related goals in school reform efforts and policy development to emphasize the proven link between health and academics.
- Continue to provide legislative leadership and support to serve as a model for the nation.



**CSH provides a proven way to identify and effectively address the health care needs of Tennessee's youth, both for intervention and for prevention.**

*"Our parents have made it clear through parent surveys that information that helps them to lead their families toward a healthy lifestyle is as important to them as helping their child with academics. It is our hope that we can continue to team with the Coordinated School Health program in order to bring much needed information and activities to our families at The Learning Centers."*

Anita Smith  
Consulting Teacher, Learning Center  
Clarksville Montgomery County School System

*"We have expanded our focus on health to a school-wide view and encouraged students to see healthy habits as a life-long goal."*

Kim Masters  
Principal, Liberty Elementary  
Clarksville Montgomery County School System



*“Coordinated School Health is active and successful in all departments across the district in getting the message out that healthy children learn more. That healthy teachers and employees perform better. In Murfreesboro City Schools, people know that the Coordinated School Health approach is so much more than just Physical Education and Food. Our district is actively living and continuing to work on the healthy school model. The CSH program has opened so many doors within and outside our district that it has become an extremely valuable asset to MCS way beyond what anyone might have imagined.”*

Gary Anderson  
Finance and Administrative Services Director  
Murfreesboro City Schools





