Wisconsin Success Stories

State Public Health Actions
Physical Activity and Nutrition Grant

Wisconsin Department of Public Instruction
Tony Evers, PhD, State Superintendent
Contents

Introduction ................................................................. 1

Appleton School District
"Every Child, Every Day" .......... 4

DC Everest Area School District
"Students Are Our Customers" .............. 6

Fond du Lac School District
Healthy Changes for All ........... 8

Kimberly School District
Implementing Smart Snacks Makes Smart Cents .......... 10

Milwaukee Public Schools - Riverside University HS
"Get Well Together - Stay Well Together"
Physical Activity from After School into the Community .... 12

Mt. Horeb Area School District
Bringing Community Farms to the School and Home ....... 14

Wausau School District - Horace Mann Middle School
"Active Schools: Connecting Exercise and the Brain" .... 16

Resources ................................................................. 18
Introduction

The Active Schools project was a partnership between the Wisconsin Department of Health Services, the University of Wisconsin – Madison Population Health Institute, and the Wisconsin Department of Public Instruction (DPI). The project was supported by the American Recovery and Reinvestment Act, through a grant from the Centers for Disease Control and Prevention, as part of a national strategy to address childhood obesity through policy and environmental change. The DPI awarded discretionary grants to 36 schools in 21 districts. This publication features eight of those schools with in-depth reviews of their physical activity programs. It explores the impact of the grant funded activities on the students, parents, staff, and communities. Contacts from each program are listed to respond to questions.

The project objective was to increase options and opportunities for students to be physically active for 60 minutes or more per day. Research indicates that increased physical activity can help students to improve concentration, memory, and classroom behavior. Some studies have found a strong correlation between elevated physical activity levels and higher academic test scores, better attendance, and fewer negative behavioral incidents at school. Over 200 research studies support the premise that healthy kids are better prepared to learn.

Indicators suggest many Wisconsin youth do not meet the physical activity recommendation of 60 minutes per day. For example, the 2011 Wisconsin Youth Risk Behavior Survey found that 52 percent of high school students were active 60 minutes or more per day on five or more of the last seven days.

To provide guidance on effective strategies to increase physical activity, the DPI developed the Active Schools Toolkit, available at http:/dpi.wi.gov/sspw/pdf/pasastoolkit.pdf. The DPI encouraged grantees to select at least three strategies from the Active Schools Toolkit. The most commonly selected strategies fall into four categories.

- **School physical education class time:** strategies to increase the number of minutes physical education is taught, and strategies to increase the actual active minutes in the physical education class.
- **Physical activity as part of the school day:** activities that are implemented to increase physical activity during recess and in classrooms.
- **School-related physical activities outside of the school day:** before or after school activities, intramurals, extra credit for physical education, and tracking programs.
- **Recreational programs:** allowing public access to district buildings through joint use agreements, youth sports, and integrating area parks and recreational facilities.
Why This Success Stories Issue
Schools continue to be the place where children spend a majority of their waking hours. Although the primary responsibility of schools is education, more studies on both cognition and health point to the benefits of physical activity, educating young people on forming healthy habits, and nutritious meals as ways to positively impact academics and attendance.

Oftentimes, schools know that putting health-promoting practices in place for students, families, and staff will lead to a myriad of better outcomes, but they do not know where to begin. This issue highlights schools and districts that have taken the first step, and in some cases have gone beyond those first steps and have had longer lasting impacts on student health and related policies across the district.

In 2012, the Wisconsin Department of Public Instruction along with partners from the Wisconsin Department of Public Health and the University of Wisconsin-Madison Population Health Institute created a success stories document highlighting strategies to create active schools. This current volume takes the learnings from those schools and districts and applies them more broadly to include nutrition and the updated coordinated school health model now named the Whole School, Whole Community, Whole Child (WSCC) Model.

Whole School, Whole Community, Whole Child (WSCC)
Launched in 2014 after a national meeting of leaders in both public health and education, the WSCC model promotes the importance of integration between these two systems for better outcomes in academics and health status for children, school staff, and the communities where schools are located.

This ecological approach acknowledges that there is a relationship between where young people live, learn, and play and that these environments have a joint responsibility for health and...
Learning. Creating ways for schools, community organizations, parents, health care, public health, and social services to work together requires a systems building approach that goes beyond implementing new programs or practices in any given setting. The WSCC creates the framework to do this work.

How Are Wisconsin Students and Schools Doing on Healthy Eating and Physical Activity?
The link between health behaviors and academics is seen in the Wisconsin Youth Risk Behavior Survey where students self-report on both their grades and their habits. According to the 2013 YRBS (the most recent year Wisconsin had weighted data), one in four high school students are overweight or obese. Students who were obese were more than twice as likely to receive C’s, D’s, or F’s than their average weight peers. In addition, students who received A’s and B’s ate breakfast regularly (91 percent) compared to 25 percent of their peers receiving D’s or F’s who ate daily breakfast. And when looking at consumption of soda pop, 28 percent of students receiving A’s and F’s drank two or more sodas a day compared to 16 percent of their peers that receive A’s and B’s.

Physical activity has increased dramatically for Wisconsin students over the past eight years, with 50 percent of students reporting they were physically active for 60 or more minutes per day during five of the past seven days compared to only 35 percent reporting the same in 2005. However, students receiving A’s are physically active at rates of 65 percent compared to only 35 percent for students receiving D’s or F’s.

Knowing that there is at least a correlational link between healthy habits and academic achievement, there should be attempts made in schools to give students breakfast, healthy foods, physical activity, and less access to soda, other junk food, and limited recess. In a study of Wisconsin students in school, it was found that students are sedentary an average of six hours and twenty-six minutes per day. The schools and districts highlighted in this Success Stories online edition have selected strategies to impact many of these statistics.

What We Mean by “Big Change”- Policies That Make the Difference
Each of the success stories in this edition includes a summary of the programs, practices, and policies that schools and districts implemented to impact health and academic outcomes. Throughout the interviews with these school health leaders, each was asked to reflect on what they learned in trying to make changes in their own school communities. The past five years have seen dramatic shifts in school staff and culture in Wisconsin. Maintaining positive physical activity and nutrition changes are often not a priority given other pressures schools face. All of the leaders interviewed identified school policies as a way to make the changes more lasting. Several echoed the sentiment, “this is just how we do business now” and were able to articulate that even through changes in administration and staff, the healthy choices and practices remain.

“Big change” usually requires this perspective and enough people (staff, parents, community members, administrators, and students) that would protest if health related programming was threatened. Health leaders were thoughtful on this point and shared some of their strategies for engaging the whole school and community in their efforts.

In This Document
Each community in Wisconsin is unique and those school health leaders interviewed for this document were given the opportunity to talk about how they have framed the school health issue in their school(s) or district(s). Each success story lists programs and practices that schools and districts implemented. In addition, each school or district included in this Success Stories edition also reported on the impacts of their work and what they have learned about making “big change”.

You will also find contact information for each story. It is our hope that there will be an interest in reaching out to these leaders to spread the innovations, positive impacts, and Whole School, Whole Child, Whole Community model across Wisconsin.

1. When the data collected from survey respondents are adjusted to represent the population from which the sample was drawn, the resulting data are called weighted. Data from 2013 Wisconsin Youth Risk Behavior Survey have been adjusted to accurately represent all students in Wisconsin. Wisconsin Department of Public Instruction. “2013 Youth Risk Behavior Survey.” http://dpi.wi.gov/sspw/yrbs (accessed November 8, 2016).
Appleton School District

“Every Child, Every Day”

Issue
As the school district becomes more data driven, health in the schools also has to have data and measurable outcomes.

Actions
At the district level, many of the health-related activities and staff utilize the coordinated school health model. As a result, each school has a school health advisory committee that includes students.

Health education across the district is skills-based and topics are informed by data.

Staff wellness is also seen as an important component of the school health system. Appleton is working on wellness rooms in each building. These rooms are linked with Positive Behavioral Interventions and Supports and utilize mindfulness practices, physical activity, and other coping techniques to help students self-regulate. Staff can also access these rooms.

Impact
Appleton School District has an “Education for Healthy Schools” in-service day to provide professional development on the coordination of all health and student services.

Many of the health issues students bring to school are integrated across systems like student services, health services, health and physical education, nutrition and food services, and discipline via a district level health coordinator.

The community is also engaged in health as staff members with an interest in physical activity share this with students and staff.

Learning About “Big Change”
District level buy-in is critical for creating a culture of wellness across all of the schools, departments, and programs.

Data is a point of connection between the school board, the superintendent, and health programming with interest in tracking the impact of health-related programs and services on academics.

Leveraging the interests of the unique communities served by each school requires efforts to be unified by a vision, but flexible in how this manifests in each building.

Strong wellness policy provides impetus for making changes in the food environment including implementing “recess before lunch” when possible.

Contact:
Mikki Duran, Health and Human Performance Program Leader
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**D. C. Everest Area School District**

**“Students Are Our Customers”**

**Issue**
Create a child nutrition program with healthy choices, making the healthy choice the easy choice.

**Actions**
Implemented salad bars and smoothie bars.

Started a community garden at the middle school. The food service department has partnered with school health, and with support by grant money from the school foundation, has integrated the garden into the school year and summer school curriculum so that students become familiar with healthy garden vegetables and fruits, as well as the process of growing food.

Student artists have painted murals on the garden shed.

Nutrislice interactive menus offers nutrition information to parents and students online. The district added this app to student iPads for nutrition education.

School nurses support health through addressing allergies/diabetes/gluten free and working with families.

**Impact**
The fresh vegetables from the school gardens are served on the salad bars.

Staff developed a club for students who are interested in gardening.

The district child nutrition services highlights produce that has been grown in school gardens in school meals.

Teachers prioritize health and are willing to collaborate.

Health and science teachers use the garden for classroom activities and the garden is thriving.

No competitive foods are available in the cafeteria.

Middle school students wanted to use fund raising to impact school health. Fuel up to Play 60 initiated many of the changes (marketing salad bar, highlighting health). Students decided to buy a blender to make smoothies from their funding. Now they can make smoothies for students in the future.

**Learning About "Big Change"**
It’s important to always be moving forward.

Challenge staff to think of students as customers. Wellness councils need to be on top of trends and ideas that will help them learn healthy eating habits and appeal to them.

Change can either be difficult, or it can be exciting!

Nutrition education has to happen as a team to really make a difference. The food service department is there to support education. Not only do they send students to the classroom ready to learn, they are also there to support and model the healthy living learning that happens in classrooms.

Success often comes as a result of policy.

A solid district wellness plan in policy drives the healthy school environment and encourages all to work together.

**Contact:**
Christine Welsh, Supervisor of Food Services

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Fond du Lac School District
Healthy Changes for All

Issue
It was important to make healthy changes at school that are in line with what national experts know impacts health and learning.

Actions
Formed a school health and wellness team that involved administration, all staff, students, parents, and district level nutrition services staff.
Implemented active classrooms with ball chairs and desk cycles.
Implemented active recess strategies, including a “100 mile” club.
Created a school garden and used a master gardener in the community to advise on vegetable choices.
Offered breakfast in the classroom with serving help from young adult students who are part of an independent living program in the district.

Impact
Policy changes included birthday treats, fund raising, recess before lunch, and healthier menu options.
The “Birthday Cart” allows students to purchase non-food treats like pencils and balls for either their class or their recess. Purchases make it self-sustaining.
Parents are engaged in physical activity through “Walking Wednesdays” and are now present at school.
Activities of the Health and Wellness team are given time on school staff meeting agendas and in the parent newsletter.

Learning About “Big Change”
Involve everyone that will be affected by change before the change takes place.
Do taste tests with students for menu changes.
Allow time for staff to support changes.
Include administration in wellness activities.
When changes are made, give ample time before reversing course. Initial resistance can be overcome once positive impacts are evident.
Moving slowly towards policy change will lead to health becoming part of the school culture.
Focus on students as a “whole person” and balance health and academics.
Encourage parents, community members, and staff at every level to be part of the healthy changes. They can all be role models for students.

Contact:
Elizabeth Chase, Physical Education Teacher
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Kimberly School District

Implementing Smart Snacks Makes Smart Cents

Level: High School

Issue
Implementation of the USDA Smart Snack Program needed to happen at the high school level but it was going to impact vending machines and fund raisers.

Actions
Child Nutrition Services opened an after-school café at the high school for 30 minutes each day after the final bell.

All items that are available after school are “Smart Snack” compliant.

The café only serves cold items such as salads, grab and go sandwiches, fruit cups, drinks, smoothies, and frozen yogurt.

Each club or group at the high school is now only allowed two ‘non-compliant’ food fund raisers per year. This is monitored by the high school secretary who will not allow purchases of food fund raisers after a group has had two.

Impact
Vending machines were removed from the high school and sales in the food service program doubled.

Systems are in place to ensure implementation of the local wellness policy.

Creative fund raising that does not rely on unhealthy food.

Coordination of fund raising from various groups on the high school campus, including the DECA club, enables compliance with the wellness policy.

Learning About "Big Change"
Change requires the involvement of others.

District level support makes healthy policy change and implementation possible.

Having national USDA policy that had to be implemented was a way to start the conversation.

Because of district support for wellness, there are two wellness committees; one focuses on staff, the other on students. The Student Wellness Committee assesses the implementation of the wellness policy; examines local student reported health data; includes key school health staff including the school nurse and Child Nutrition Services.

Quarterly meetings keep staff from across the district connected and informed about making change and keeping positive changes implemented.

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Janelle Schultz, Director of Dining Services
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Milwaukee Public Schools - Riverside University HS
“Get Well Together - Stay Well Together” Physical Activity from After School into the Community

**Issue**
There are a great deal of adverse childhood experiences and trauma in the community.

**Actions**
Utilized the Community Learning Centers after school program funds to create a program that integrates academics and wellness.
Created unique physical activity opportunities that leveraged community resources from organizations and people, to geographic location.
Students have leadership roles in providing outreach and volunteering at events.
The program has initiated a triathlon and a competitive mountain biking team.
Sophomores receive mindfulness training in school to help manage stress.
Opened a wellness center for both students and staff.

**Impact**
The program serves 500 diverse students from various ages, countries, and different parts of the city.
Students in the program have the highest graduation rate in the school and 75 percent go on to higher education.
There are 10 staff members and 100 students that bike two times a week four months of the school year.
Bike organizations work with the program to get bikes to kids. Every student that trains gets a bike to keep.

The program is changing content and activities in health and physical education during the school day to be more responsive to what students need and are interested in.
Students in the program must also attend academic support services or go to individual teachers for help.

**Learning About “Big Change”**
Always get administrative support.
Focus on students that are more on the margins and may not have access to other opportunities for meaningful, supportive relationships with adults at school or in the broader community.
Connect to other health needs such as childhood trauma.
Partnerships in the community are key.
Use funding where it is most needed and identify what partners will pay for so that grants and soft money is the funding of last resort to keep the program sustainable.
No matter what the activity, it is all about relationships! When being physically active, students open up and share what is difficult. It is easier to create community by doing things together.

**Contact:**
Paul Zettel, Physical Education Instructor/Wellness Coordinator
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75% of students involved in the program go on to higher education.
Mt. Horeb Area School District

Bringing Community Farms to the School and Home

Issue
Families often do not eat the fruits and vegetables that are available from local farms. Many students struggle with food allergies in the younger grades. Need to find a way to bring whole food to students and families.

Actions
The focus on healthy food also included getting students active through Fuel Up to Play 60.
Created connections with local farmers that enable the school to have access to carrots, apples, and potatoes most of the year.
Utilized dietetic students as interns to implement taste testing and data collection.

Engaged families through taste tests, social media, and coupons to the local farmers market.
Received several grants with a focus on school wellness, physical activity, and nutrition.
Implemented classroom nutrition education to support the food available in the cafeteria and increase demand for healthy foods.

Impact
Wrote local sourcing as a priority in the wellness policy procedure so that it is institutionalized.
A rainbow salad bar that was funded by a grant has been supported by both commodity items and an increase in student demand over time.
Interns that provide tasting and education have tracked plate waste and have seen an increase in consumption of fruits and vegetables.
Parents have informed the school that students are asking for fruits and vegetables eaten at school at home as well, so there is constant feedback that school is impacting home.

Learning About “Big Change”
Interns do a lot of work including researching eating patterns with kids where staff would not have time to prove the program is having an impact.
Classroom education influences food choices.
Community engagement and grants enable ongoing access to healthy fresh foods to students and families.
Parent volunteers have been incredibly supportive of taste testing and the Farm to School activities.
Although the wellness policy created “Big Change” that will be sustained, increased consumption of healthier foods has not connected to other school health efforts.

Contact:
Michelle Denk, Food Service Director
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Community engagement and grants enable ongoing access to healthy fresh foods to students and families.
Wausau School District – Horace Mann Middle School

“Active Schools: Connecting Exercise and the Brain”

Issue
Larger community health issues like drugs, mental health, and out-of-home placements clearly impact the ability of students to learn in school.

Actions
The middle school received a grant to work on active classrooms.

The school district has a focus on Positive Behavioral Interventions and Support (PBIS) and Response to Intervention (RTI) which had already identified the link between health and learning.

Data is being collected on academics and behavioral referrals through these programs and can be used to continue to advocate for movement as an intervention for students that need it to concentrate, self-regulate, and learn.

Impact
Teachers in the middle school are more willing to let students move when they realize that enabling students to be active helps them concentrate, feel better, and learn more.

The district foundation has provided financial support for the purchase of equipment.

Teachers are interested in being more physically active.

With smaller numbers, the summer school program has been able to utilize active classroom strategies having students earn activity time while working online to make up class work.

Learning About “Big Change”
It is important to make connections to other health initiatives as well. Getting student services to support active classrooms will spread the change.

Getting student services to support active classrooms will spread the change.

Change is slow in the area of health impacts on learning.

Because there have been many academic-focused changes like double blocks, it is more difficult to prove that physical activity is making a difference. Administrators see change but making lasting change is a bigger step.

“Active Classrooms” has been a focus at the middle school and will need to be adapted to be developmentally appropriate for each level (e.g., elementary school students love to move; high school may focus on being an advocate for one’s own health and academic needs).

Being aware of how initiatives can be leveraged for this work is key. Future plans include utilizing a computer lab as an active learning lab, and shifting some of the sports programs to something that would attract more students when transportation is available.

Contact:
Ken Smith, Physical Education Teacher
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Resources

Wisconsin State Resources

Department of Health Services - Chronic Disease Prevention Program
This state health agency web page provides a variety of resources, toolkits and strategies for nutrition, physical activity and obesity prevention, heart disease and stroke prevention and control, and diabetes prevention and control.
https://www.dhs.wisconsin.gov/disease/chronic-disease.htm

Department of Public Instruction - Physical Education
This website from the state education agency includes both Wisconsin state and national resources including laws, policies, and research.
http://dpi.wi.gov/sspw/physical-education

Department of Public Instruction - School Nutrition
This state education agency web page provides access to Wisconsin state level school nutrition staff for technical assistance related to implementing USDA school nutrition programs in school districts across Wisconsin.
http://dpi.wi.gov/school-nutrition

Federal Resources

CDC Healthy Schools
This Centers for Disease Control and Prevention website contains background information and links to national resources addressing child nutrition and physical activity in schools.
http://www.cdc.gov/healthyschools/npao/wellness.htm

School Improvement
From the National Association of Chronic Disease Directors comes a toolkit to guide districts to integrate chronic disease prevention wellness into school improvement planning. Helpful tips on data to measure health outcomes relevant to academic achievement.
http://www.chronicdisease.org/?SchoolHealthPubs

Whole School, Whole Community, Whole Child (WSCC)
The Association for Supervision and Curriculum Development (ASCD) is a global education organization that has taken long term leadership in the connection between health and academics. This site explores the research and implementation of ASCD’s WSCC model and connects it with the CDC Coordinated School Health model.

Health and Academics
This site relies on data from the national Youth Risk Behavior Survey conducted by the Centers for Disease Control to make connections between student health behaviors and academic achievement measured by grades. Publications examine not only physical activity and nutrition, but also bullying, violence, alcohol, and other drug use, sexual activity, and general well-being (mental health).
http://www.cdc.gov/healthyyouth/health_and_academics/

Comprehensive School Physical Activity Program (CSPAP)
This resource assists schools and school districts to develop, implement, and evaluate comprehensive school physical activity programs. These programs are multi-faceted and align with the Wisconsin Active Schools Core 4+.
https://www.cdc.gov/healthyschools/physicalactivity/cspap.htm

United States Department of Agriculture - Team Nutrition
United States Department of Agriculture oversees all school and child nutrition program. This website contains resources for district administrators overseeing school food and nutrition programs as well as wellness councils and parents who are implementing the district wellness policy.
http://www.fns.usda.gov/tn/team-nutrition

WellSAT: Wellness School Assessment Tool
Tool to assess the comprehensiveness and strength of school wellness policies.
http://wellsat.org