

Wellness Policy
and
Administration Guidelines
Wellness, Physical Activity
and Nutrition

Summary Report
2011 - 2012



www.pcsb.org

301 Fourth St. SW
P.O. Box 2942
Largo, FL 33779-2942

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Report Prepared by Peggy Johns

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Introduction

Wellness Policy and Administration Guidelines

Student well-being is an obvious and legitimate concern for educators, parents, and the students themselves. It is also an issue for federal, state, and local governmental bodies. In 2004, the federal government required every school district that participates in the federal meals programs to enact a wellness policy by the beginning of the 2006-07 school year. Accordingly, the state of Florida directed compliance by passing Statute S.381.0056 (Florida Statutes), stating that school districts have the responsibility to “develop, implement, monitor, review, and, as necessary, revise school nutrition and physical activity policies.”

The Pinellas County Schools’ Pre K-12 Health Education Office and the Foods Services Department partnered to develop policy and guidelines to meet this requirement. A comprehensive cross-functional team surveyed stakeholders on their core values related to the schools’ role in wellness promotion. Survey results were analyzed and compared to “best practice” policies from around the nation, policy and administration guidelines were written, and, through feedback loops, consensus was gained from stakeholders before submitting the final draft to the superintendent and for school board approval in 2006.

School Wellness Policy 8510

(1) The Pinellas County School District is committed to providing healthy schools by supporting wellness, good nutrition, and regular physical activity as a part of the total learning environment.

(2) The Superintendent shall establish a School Health Advisory Committee (SHAC) to align and coordinate the district’s efforts to ensure a healthy learning environment and promote lifelong wellness.

(3) The Superintendent will direct the School Health Advisory Committee (SHAC) to develop, implement, monitor and review district-wide Pinellas County Administration Guidelines on Wellness, Physical Activity and Nutrition, which will at a minimum, include:

(a) Goals for nutrition education

(b) Goals for physical activity

(c) Goals for other school-based activities designed to promote student wellness

(d) Nutrition guidelines for all foods available on the school campus during the day

(e) Assurances that the guidelines for reimbursable school meals are not less restrictive than federal requirements

(f) Plans for measuring the implementation of the guidelines

(4) Membership of the School Health Advisory Committee (SHAC) shall reflect the Coordinated School Health Model.

The Coordinated School Health Model consists of eight discrete health components representing: 1) comprehensive health education, 2) physical education, 3) school health services, 4) school counseling, psychological and social services, 5) nutrition services, 6) healthy school environment, 7) school-site health promotion for staff, and 8) family and community involvement in school health. These components shall be represented by school district staff, parents, students and community. Although not members of SHAC, the School Board will be involved in the development of the Administration Guidelines on Wellness, Physical Activity and Nutrition.

The **Administration Guidelines on Wellness, Physical Activity and Nutrition** are annually reviewed and amended by SHAC to reflect new legislation, new regulations, and wellness trends. The Administration Guidelines are posted on the district's website,

https://www.pcsb.org/index.php?option=com_content&view=article&id=1092&Itemid=1058

As the SHAC is mandated to annually assess the district's programs for student well-being, this report is the summary of the findings of the School Health Advisory Committee between March, 2011 and February, 2012.

Background

Wellness Improvements Accomplished

Administration Guidelines for Wellness, Physical Activity and Nutrition

The SHAC analyzed the Healthy School Inventory baseline data report prepared by the Alliance for a Healthier Generation. Using that report and additional district, state, and national information, the SHAC made revisions to some sections of the ***Administration Guidelines for Wellness, Physical Activity and Nutrition***. These revisions include:

- New guideline for all elementary students to participate in a cumulative 20 minutes of daily physical activity beyond the physical education program.
- New guideline to encourage elementary schools' participation in Safe Routes to Schools programs and resources.
- New guideline for Before and Afterschool Care Providers to align their programs to the Alliance for a Healthier Generation Framework criteria.
- New guideline for schools to incorporate a student health, wellness, or fitness goal (or objective that supports another goal) into their School Improvement Plan.
- New guideline to provide the monthly school meal menus in both English and Spanish.
- New guideline to reduce the school meal offerings that contain trans fats (NOTE: Currently less than 1% of ingredients used contain trans fats).
- New guideline for 2011-12, a minimum of 80% of the beverage items offered for sale to high school students outside of the school meals program during the regular and extended school day to meet or exceed the Alliance for a Healthier Generation's School Beverage Guidelines. Beginning in the 2012-13 school year, 100% of the beverages will meet or exceed the Alliance for a Healthier Generation's School Beverage Guidelines.

The revisions to guidelines referenced above will enable all schools to improve their Alliance for a Healthier Generation Healthy Schools Inventory scores.

Communities Putting Prevention to Work Grant - The Pinellas County Health Department is providing Pinellas County Schools \$1.3 million over the two year period from the **Communities Putting Prevention to Work Grant** for Pinellas County Schools to develop the guidelines listed above and the sustainable systems below.

- Developed uniform secondary physical education curriculum, supportive professional development, and sustainable program systems that align with the National Association of Sports and Physical Education, new courses for middle school physical education, and the new teacher appraisal processes.
- Standardization and improved reporting processes of FitnessGram through uniform equipment in all schools, FitnessGram (now re branded as Being Fit Matters) files embedded in Portal, and multiple training sessions throughout the year for all physical education teachers.

- Investigated joint use agreements between schools and community entities to increase physical activity of county residents
- Lowered the price of a la carte fruits and vegetables for students by 50%
- Increasing usage of online tools - Nutri Café and Foods Database
- Establishing walking paths at every school
- Increasing healthy foods signage at school

Other Food Services Programs

- **No Increase in School Lunch Prices** - Pinellas County Schools' held school meal prices steady despite the skyrocketing cost of food that both families and schools are experiencing.
- Implemented a featured fruit and vegetable program monthly to introduce students to different produce items
- For 2011-12 allow students to take as many different fruits and vegetables as they would like with a full meal
- Initiated a smoothie pilot program at 3 secondary schools offering a 100% juice frozen smoothie product
- Coordinate and support district-wide school gardens (currently support 34 gardens)

Alliance for a Healthier Generation Support

- Presently, 11 Pinellas schools receive face to face technical assistance from the Alliance for a Healthier Generation to improve their school's culture of wellness. Last year, two of these schools were recognized by the Alliance for a Healthier Generation as meeting their stringent standards.
- Sexton Elementary School was awarded Silver Level Recognition and Bay Point Middle School was recognized at the Bronze Level. Presently, Pinellas has seven schools are preparing applications for recognition by the Alliance.
- Jennifer Velez, a physical education teacher at Sexton was recognized by the Alliance a Healthy Schools Program National Champion

Fuel Up to Play 60 Grants – So far this year, nine schools received up to \$4,000 each to facilitate student-led, school-based initiatives to promote physical activity and healthy eating.

International Walk to School Day – The October event had 44 schools participate. And the Safe Routes to Schools Conference, 2011 sponsored by the Pinellas County Health Department was an intensive workshop with regional and national experts 22 invited elementary schools and district staff to receive comprehensive information from national and regional experts

Wellness Interest Survey- completed by 4,011 staff. This survey, along with end year evaluation surveys, help set the direction of the entire wellness program. Each Wellness Champion is provided with customized survey results for their worksite so they can tailor programs to meet the needs and interests of the staff.

Employee Wellness District Programs - Programs include the Tobacco Cessation program, the Diabetes CARE program, flu shots and fitness center discounts. In 2011, health screening events were held at all the middle schools/WPSC/Admin Building/Food Service/Exceptional Centers.

SMART START Wellness Newsletter - Every other week, all employees of Pinellas County Schools receive new health tips and program updates through e-mail newsletter.

Transportation Wellness Program –Transportation and vehicle maintenance staff receive customized programming onsite with a wellness coordinator during their down time.

Nutrition Campaign – During 2010-2011, all worksites had the option to have a registered dietitian or nutritionist come onsite to do an educational seminar with a healthy cooking demo. This program is ongoing and can be accessed through the Wellness Champions.

Wellness Improvements Planned for 2012

In response to the need for ongoing improvements in wellness, physical activity and nutrition, the following projects for 2012 have been initiated by district offices and departments to support schools' wellness improvements.

Communities Putting Prevention to Work Grant Contract objectives to develop potential policy and/or sustainable systems in the following areas:

- **Guideline for Staff Foods and Beverages** aligned to Alliance for a Healthier Generation's High School Guidelines
- **Guideline for Lactation Support at all Sites**
- **Develop Joint Use Agreements** between schools and community entities to develop school gardens, community gardens, or urban farming

Food Services Initiatives

- **High Schools Breakfast Options** - By Feb. 13th, schools will have breakfasts available in vending machines for students. This has been made possible by a grant from the National Dairy Council and money from Food Services.
- **Digital Signage** - will be used to promote healthy menus and nutrition education in all schools by the 2012-2013 school year. CPPW will provide \$50,000 and Food Service will provide \$500,000 to cover the cost.
- **Digital Palm Scanner (purchased by Food Services)** - were implemented this school year. They are highly effective in reducing the time factor of students standing in line. A digital finger scanner was used previously, but had a 40% failure rate.
- **Possible Policy Change** - In Pinellas County, over 52% of students are enrolled in free & reduced meals program. Many eligible for the reduced portion of the program are not using the program on a daily basis (40 cents/day.) The cost of these meals may still be too high for our "working poor." Food Services is investigating a policy change to allow these students to eat for free and absorbing the cost of their meals within the Food Services budget.
- **Centralized High School Vending** - Food Services is now managing all high school beverage vending for students. This will ensure compliance with the **Alliance for a Healthier Generation's** (AHG) guidelines for competitive foods. In 2011-12, 80% of the beverages meet the AHG guidelines. In 2012-2013, the district is planning 100% of the beverage offerings to meet the AHG guidelines. Revenue to date is \$400,000.

Approximately \$100,000 has been returned to the schools. While this is a significant decrease to schools that previously had contracts with beverage vendors, data from other counties suggest even greater losses of revenue would have resulted from beverage vendor (Coke, Pepsi) contracts this year.

- **Flavored Straws** - To promote the consumption of milk/calcium in elementary schools, food services is offering flavored straws (strawberry & cookies & crème) to students. Provided for birthday celebrations at reduced rate. The straws sugar content is less than the sugar content of flavored milk.

- **Smoothies** - three schools (2 middle and 1 high school) are piloting smoothies. The healthy smoothies are made from fruit and vegetables commodities and unsold juices from high school vending machines. These smoothies are very popular in the middle schools. In high school the yogurt smoothies are more popular. Future plans are to expand the smoothies project in other secondary schools.
- **Marketing Program** - CPPW & Food Services have hired a national consultant to promote:
 - Line set up changes
 - Signage
 - Merchandising
 - Menu items
 - Food production
 - Service changes

Four pilot schools are implementing recommended changes. After determination of the project impact, food service will begin to make changes as needed in other schools.

Alliance for a Healthier Generation Direct Support to School Clusters – Eleven schools in Pinellas are part of a national group that receive face-to-face technical support to make improvements to their Healthy School Inventory. Several schools are planning to apply for silver level recognition from the Alliance.

Safe Routes to School Programming in Pinellas - All Children’s Hospital provide Safe Routes to School (SRTS) Pedestrian Safety Assemblies to grades K-2 and classroom education on pedestrian and/or bicycle safety for grades 2 and 3. In addition, the Pinellas County Health Department supports walking school buses (WSB) through presentations at school PTA events and implementing the school traffic safety education recommendations of the 2010 S.T.E.P.S. road safety audits in specifically targeted schools.

Bus Safety Bus – This collaborative effort between the transportation department, pre k-12 health education office, and physical education resulted in a customized education bus that will continue to be scheduled into elementary schools for primary students to participate in bus safety lessons both on and off the bus during physical education.

MORE HEALTH, Inc Programs – Guest health teachers bring hands-on lessons into all elementary grades, 6th and 8th grade health education classes, and Driver Education and HOPE classes. The medical-based lesson topics include, pedestrian and bike safety, hygiene, nutrition, firearm safety, heart health, sun safety, and distracted driving. Funding is provided by All Children’s Hospital and other many other generous sponsors. This year, MORE Health received additional funding to provide our schools with the highest minority populations additional dental health lessons.

Charity Works, Inc. is providing the students in all Title I elementary schools with a free toothbrush and tooth paste, as well as sponsoring a public service announcement competition for one of these schools to win a year’s supply of tooth paste and tooth brushes.

Wellness Champions – 130 Wellness Champions promoting wellness to staff at nearly every worksite through various on-site programs including walking competitions, healthy cooking demos, stress management, fitness programs, CPR, and many others.

Employee Wellness District Programs - Programs include the Tobacco Cessation program, the Diabetes CARE program, flu shots and fitness center discounts. In 2012, half of the elementary schools will be receiving this event. The Employee Assistance Program (EAP) and Humana programs (such as free health coaching) are also promoted through the wellness program.

SMART START Wellness Newsletter - Every other week, all employees of Pinellas County Schools receive new health tips and program updates through e-mail newsletter.

Transportation Wellness Program –Transportation and vehicle maintenance staff receive customized programming onsite with a wellness coordinator during their down time.

Nutrition Campaign – All worksites had the option to have a registered dietitian or nutritionist come onsite to do an educational seminar with a healthy cooking demo. This program is ongoing and can be accessed through the Wellness Champions.

Movement Campaign – During the 2011-2012 school year, the focus is movement. In addition to the approved wellness service providers the Wellness Champions may arrange to offer fitness programs onsite to staff, several opportunities are also available every 8 weeks for classes including yoga, Zumba, bootcamp and training for a 5K. The traveling bandanas promotion also is part of the movement campaign and highlights staff that are active and details how they stay motivated and overcome barriers to being active. Movement programs for those who are sedentary at work due to the nature of their job are being piloted at this time.

Healthy Schools Program

Beginning in the 2007-08 school year, the SHAC partnered with the Alliance for a Healthier Generation to acquire quality no-cost tools to assess the school district's wellness status. The Alliance for a Healthier Generation is a nonprofit organization with the mission to eliminate childhood obesity and to inspire all young people in the United States to develop lifelong, healthy habits. The Alliance believes that helping schools is one of the most efficient and effective ways to shape the lifelong health and well-being of children and adolescents. Therefore, the Alliance offers the Healthy Schools Program, which aims to improve schools in the areas of nutrition, physical activity, and staff wellness anywhere in the country. All resources and programs are free to schools.

What is the goal of the Healthy Schools Program?

The goal of the Healthy Schools Program is to establish a healthy school environment as the norm and not the exception. The Healthy Schools Program supports schools around the nation in their efforts to create school environments where there are consistent and clear messages that physical activity and healthy eating are important and encouraged – in the classroom, cafeteria, gym, hallway, and schoolyard. Research suggests that a healthier school environment can result in greater academic achievement, improved student and staff attendance, and healthier lives for students and educators.

What support is available to schools in Pinellas County?

In 2007-08, the Pre K-12 Health Education Office registered all elementary, middle, high, alternative, and exceptional schools within Pinellas in the Healthy Schools Online Program. Each spring, schools are required to update their Healthy School Inventory. When all schools have completed the update, the Alliance aggregates all schools' data and writes a brief report on the wellness status of the district as a whole.

For the 2010-11 school year, the wellness champion at each school site was designated as the facilitator to assemble a Healthy School Team and update his or her school's Healthy School Inventory online. This year the CPPW Project has been able to fund a Healthy School Team Leader and Members to meet and plan after school. The Healthy School Team was to include an administrator, health education/elementary classroom teacher, physical education teacher, cafeteria manager, and others. When schools complete the Inventory online, the web-based program provides an immediate results summary with specific improvement recommendations for that school. Action planning tools and extensive resource information may also be obtained from the website.

Benefits of Healthy Schools Program include:

- **National recognition programs**
- **Implementation support and tools** that are robust and informative
- **Networking opportunities** with schools across the country
- **A resource database** that includes grant opportunities
- **E-mail or phone contacts with content experts** to answer questions and provide guidance

The Alliance for a Healthier Generation also provides customized support to selected schools meeting the Alliance's criteria. Beginning in the 2009-10 school year, eleven schools within Pinellas received this direct face-to-face support from the Alliance.

Additional information about the Healthy Schools Program may be found at www.healthiergeneration.org/schools.

Recognition and Awards

At the end of each school's online inventory, a results section identifies whether or not a school has made significant self-reported progress to apply for the Healthy Schools Program Awards at the Bronze, Silver, or Gold Level. To date, Pinellas schools have received nine Recognition Awards and two employees were selected as Healthy Schools Program National Champions.

Summarizing All Schools' Wellness Data

In June 2011, the results of Healthy Schools Program Inventory were compiled by the Alliance for a Healthier Generation at their national office. The Alliance's data summary report for Pinellas follows this section. Pinellas County Schools is the only large school district in the nation receiving a district-wide wellness status report from the Alliance. The SHAC reviewed the Alliance's summary report, analyzed the data, prioritized items needing improvement, identified additional wellness data from the district, and prepared recommendations for this report for the School Board.

The next section of this report was prepared by the Alliance for a Healthier Generation. As this is the fourth year the Alliance has generated a report for Pinellas, they were able to compare 2011 data with data from the initial 2007-08 report.

The results from the Alliance report continue to be encouraging, though gaps remain between optimal outcomes and reported performance in some particulars and at some school levels. For a few schools, self-reported school data were obviously incorrect. Schools are receiving support from district staff to help them accurately respond to every item on the inventory.

Revisions to the Healthy Schools Program

During the summer in 2011, the Alliance for a Healthier Generation's National Panel of Experts for the Healthy Schools Program completed an audit of the existing program. The changes to the Framework and Inventory were made to ensure alignment of criteria to changing federal programs/guidelines and newly published evidence-based practices in obesity reduction. The bar was raised in some areas. In other areas the criteria were modified, expanded, or clarified. And two of the content areas were collapsed together. The new Framework and Inventory now include the following content areas:

Seven Content Areas

- Policy/Systems
- School Meals Programs
- Competitive Foods and Beverages
- Health Education
- Employee Wellness
- Physical Education
- Student Wellness

Context

The Alliance for a Healthier Generation, a joint venture between the American Heart Association and the William J. Clinton Foundation, was formed in 2005 as a response to the dramatic increase in prevalence of childhood obesity across the nation. The goal of the Alliance is to reduce the prevalence of childhood obesity by 2015 by fostering an environment that helps all children pursue a healthy and active lifestyle. To that end the Alliance is forging voluntary agreements with the healthcare and food service industries and working with children and schools across the nation. The Alliance believes that helping schools is one of the most efficient and effective ways to shape the lifelong health and well-being of today's children and adolescents. For this reason the Alliance created the Healthy Schools Program, which aims to improve schools in the areas of nutrition, physical activity, and employee wellness.

Schools work toward achieving best practices as defined by the Healthy Schools Program Framework¹, a set of guidelines that promote physical activity and healthy eating among students and staff. The framework includes 8 content areas: Policy/Systems, School Meals, Competitive Foods and Beverages, Health Education, Physical Education, Physical Activity, Before and Afterschool Programs, and School Employee Wellness.

The Healthy Schools Inventory assesses change in school policies and practices, and covers each of the 8 content areas in the Healthy Schools Program Framework. The scoring rubric designates 4 levels of recognition for achievement: Bronze, Silver, Gold, and Platinum, and schools receive a total score based on the minimum level achieved across the 8 content areas. The Inventory is embedded in the Healthy Schools Builder, an interactive online tool designed to help guide schools through the process of conducting a needs assessment, prioritizing action steps, and developing a customized action plan for school health and wellness. The Inventory was reviewed and approved by science professionals at the American Heart Association and other national school health professionals.

Participating Schools

To date 128 Pinellas County schools have participated in the Healthy Schools Program. The majority of those schools have received services online through the Healthy Schools Program's website; in 2009–2010, 12 schools signed up for onsite delivery of technical assistance sessions provided by a Healthy Schools program relationship manager. Table 1 shows the breakdown of participating schools by grade level and service type. Approximately 60% of schools participating in the Healthy Schools Program are elementary schools.

¹ For more information see <http://www.healthiergeneration.org/schools.aspx?id=3470>

Table 1. Number of Schools by Level and Cohort

Level	Service Type		
	Onsite	Online	Total
Elementary	6	73	79
Middle School	5	15	20
High School	1	16	17
Other	0	12	12
Total	12	116	128

Policies and Practices

The Healthy Schools Inventory assesses school policies and practices across 8 content areas. School representatives complete the Inventory at baseline and are encouraged to complete it annually thereafter. Thus, the instrument serves as an excellent tool for evaluating the progress that schools make toward implementing healthy policies and practices for students and school staff over time. To date 125 Pinellas County schools have completed at least one Inventory response and 124 of those schools have updated their Inventory responses. Table 2 summarizes the Inventory completion rates for participating schools by service type.

Table 2. Inventory Completion by Service Type

Service Type	Number of Schools	
	Baseline	Follow-Up
Onsite	12	12
Online	113	112
Total	125	124

Baseline

Figure 1 summarizes the number of schools from Pinellas County reaching Bronze, Silver, or Gold levels in each of the 8 content areas and overall on the Healthy Schools Inventory. These results reflect baseline responses for all schools with a completed Inventory ($n = 125$).

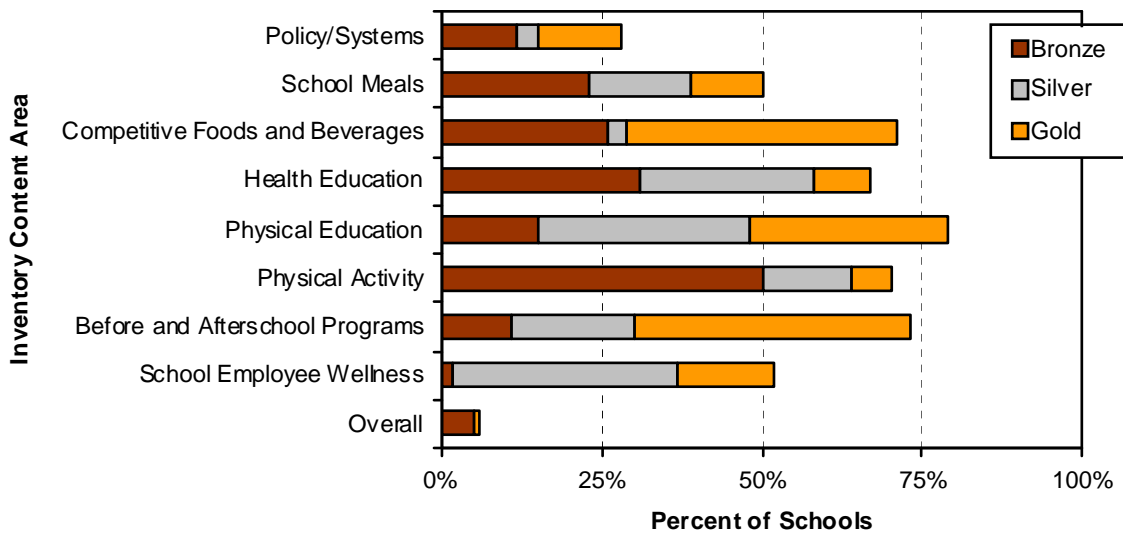


Figure 1. Baseline Healthy Schools Inventory results for all schools ($n = 125$).

Pinellas County schools were doing well in many areas at baseline. Over 75% schools had achieved a recognition level in Physical Education, and over 50% of schools had achieved a recognition level in Competitive Foods and Beverages, Health Education, Physical Activity, Before and Afterschool Programs, and School Employee Wellness.

Follow-Up

Figure 2 presents follow-up results for the 122 schools that had updated their Inventory responses as of June 2011, and Table 3 provides a breakdown of the content area results by grade level. Pinellas County schools made considerable progress. At follow-up, at least 75% of schools had achieved a recognition level in all but 3 content areas: Policy/Systems, School Meals, and Competitive Foods and Beverages.

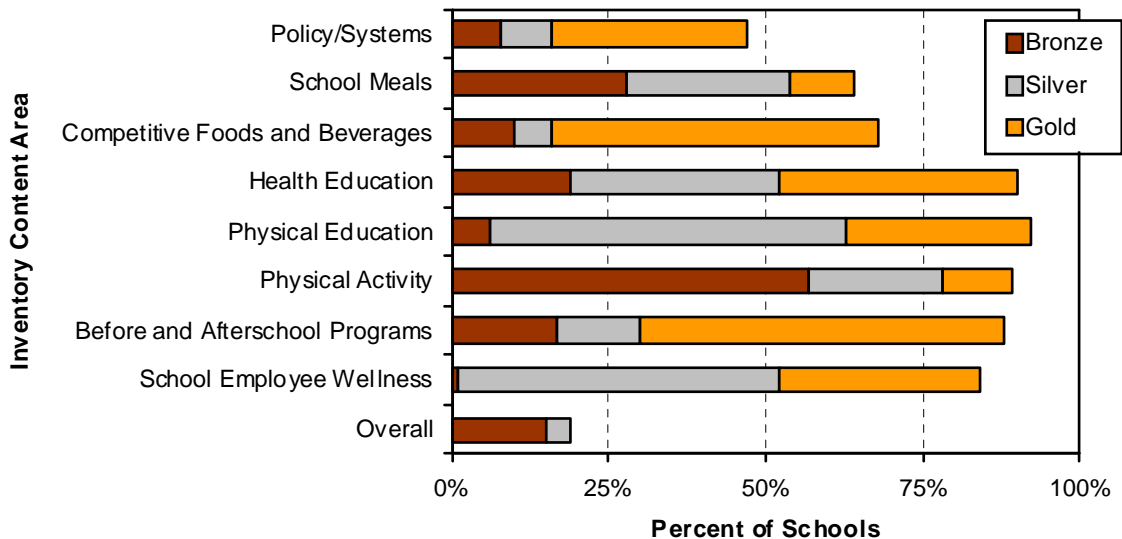


Figure 2. Follow-up Healthy Schools Inventory results ($n = 124$).

Table 3. Inventory Recognition Level Attained by Grade Level

Recognition Level	Percent of Schools				Total (N = 124)
	Elementary (n = 79)	Middle (n = 19)	High (n = 16)	Other (n = 10)	
Policy/Systems					
Bronze	10	6	6	0	8
Silver	10	0	6	13	8
Gold	28	44	31	25	31
School Meals					
Bronze	27	26	44	20	28
Silver	28	26	19	20	26
Gold	10	16	6	10	10
Competitive Foods and Beverages					
Bronze	10	11	0	22	10
Silver	8	0	0	11	6
Gold	53	56	44	44	52
Health Education					
Bronze	9	32	44	40	19
Silver	25	63	44	20	33
Gold	54	5	13	10	38
Physical Education					
Bronze	0	5	31	20	6
Silver	61	58	50	40	57
Gold	37	21	19	0	29
Physical Activity					
Bronze	57	63	63	40	57
Silver	24	16	25	0	21
Gold	10	16	6	20	11
Before and Afterschool Programs					
Bronze	13	32	100	10	17
Silver	14	16	0	0	13
Gold	65	32	0	60	58
School Employee Wellness					
Bronze	1	0	0	0	1
Silver	57	42	25	60	51
Gold	24	47	69	10	32
Total					
Bronze	17	22	6	0	15
Silver	5	0	0	13	4
Gold	0	0	0	0	0

Note. Elementary School = Grades K–5/6, Middle School = Grades 6–8, High School = Grades 9–12, Other = Atypical (e.g., Grades K–12) or new schools.

Changes in Policies and Practices

Schools are asked to complete the Healthy Schools Inventory once each year to monitor changes in policies and practices. Using the first complete response as the baseline and the most recent response as follow-up, policy change was computed for 124 Pinellas County schools. Figure 3 shows the percent of schools that reported an improvement (i.e., movement to a higher recognition level) since baseline for each content area.

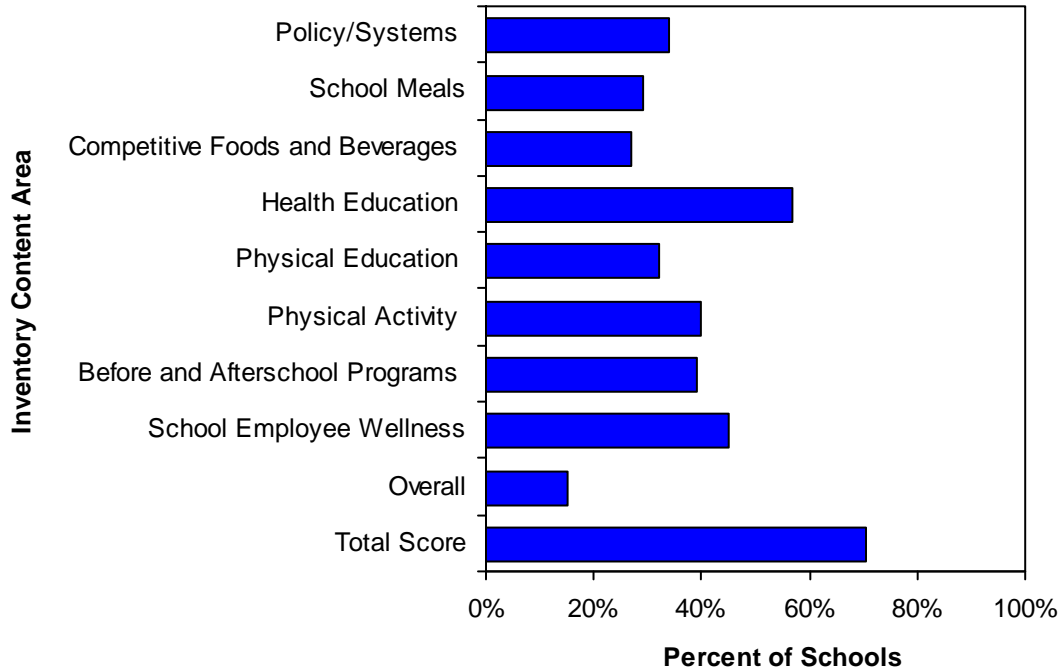


Figure 3. Percent of schools showing improvement on the Healthy Schools Inventory ($n = 124$).

Overall, Pinellas County schools are making progress. As indicated by the Total Score, 71% of schools improved in one or more content areas. Schools made the most change in the following content areas: Health Education (57%), School Employee Wellness (45%), and Physical Activity (40%). On the Overall score, 15% of schools improved at least one recognition level.

Additional Middle School and High School Data

Students' Nutrition Behaviors

Students' nutrition behaviors also play a significant role in their overall health and engagement during the school day. Since 1999, Pinellas County Schools has been collecting data on secondary health education students' self-reported nutrition behaviors. Beginning in 2009, students in middle school health education classes and high school students in HOPE participate in online anonymous surveys. Tables 4 and 6 depict data results for several items from these surveys. The percentages listed represent the percent of students by school level that self-reported the number of days each week they practice a behavior.

Results from the December 2011 Health Class Survey are comparable to the data from 2009. These data results indicate that the majority of secondary students are not eating breakfast 4-5 school days per week and about one out of every two high school students does not eat lunch most days of the school week.

Table 4. Percentage of High School and Middle School Students Eating Breakfast and Lunch on School Days

	Number of Days	High School 2009	High School 2011	Middle School 2009	Middle School 2011
On the DAYS you go to school, how often do you eat breakfast?	0	26%	26%	16%	18%
	1	16%	15%	14%	15%
	2-3	25%	24%	24%	24%
	4-5	33%	35%	46%	43%
On the DAYS you go to school, how often do you eat lunch?	0	12%	11%	4%	4%
	1	11%	10%	9%	10%
	2-3	29%	27%	17%	17%
	4-5	49%	52%	70%	69%

As indicated in the Table 4, the high school students reported consuming breakfast less often than the middle school students. The number of students that skip both breakfast and lunch is not know, but should be an area of interest for optimal improvements in all students' learning.

A possible contributing factor for 21% of high school students reporting they eat lunch only one or less days per week is the end of day lunch schedule in some schools. In end of day lunch schools, students are not required to stay for this meal. The choice between leaving school and staying to eat lunch suggests that many students choose to end their school day and plan to eat some time later. Table 4 depicts more than a 10% difference in school lunch participation in schools that only serve lunch during the last 30 minutes of the school day and those that serve lunch in the middle of the day.

Table 5. Comparison High School Students' Participation in School Meals Between Middle of the Day Lunch and End of Day Lunch (Food Services, 2011-12)

	Middle of Day Lunch	End of Day Lunch
Breakfast Participation	7.03%	6.8%
Lunch Participation	40.84%	30.52%

When analyzing the quality of foods that secondary students eat, the 2011 Health Class Survey results are again very similar to the 2009 results. The majority of secondary students reported consuming fewer servings of grains, fruits and vegetables, and dairy than is recommended for their age. And a high percentage of these students also reported exceeding the recommended number of servings of meat/proteins.

Collectively, the nutrition behaviors our secondary students' are concerning. See Table 6.

Table 6. Percentage of High School and Middle School Students Eating Numbers of Servings from Food Groups

Items	Number of Days	High School 2009	High School 2011	Middle School 2009	Middle School 2011
During an average DAY, how many servings of grain or cereal do you eat? (Examples: rice, bread, roll, bagel.)	0	6%	8%	4%	6%
	1-2	43%	42%	36%	41%
	3-4	32%	33%	36%	34%
	5-6	12%	11%	14%	12%
	7 or more	7%	6%	10%	8%
During an average DAY, how many servings of fruits and vegetables do you eat?	0	8%	8%	6%	5%
	1-2	46%	46%	40%	38%
	3-4	30%	31%	34%	35%
	5-6	10%	9%	12%	13%
	7 or more	5%	6%	9%	9%
During an average DAY, how many servings of dairy do you eat? (Examples: carton or glass of milk, yogurt, cottage cheese.)	0	9%	8%	5%	5%
	1-2	25%	24%	18%	19%
	3-4	32%	34%	34%	33%
	5-6	18%	19%	23%	23%
	7 or more	16%	15%	21%	20%
During an average DAY, how many servings of meat/protein do you eat? (Examples: hamburger, fish, chicken, or protein foods like dried beans.)	0	3%	3%	2%	2%
	1-2	19%	18%	17%	16%
	3-4	34%	32%	34%	34%
	5-6	24%	24%	25%	23%
	7 or more	20%	24%	22%	24%

To address these issues, the Communities Putting Prevention to Work Project (CPPW) has specific objectives related to nutrition and healthy eating for both students and staff. CPPW will continue to promote healthy eating through uniform nutrition lessons for optimal teaching and learning in health classes, offering ala carte fruits and vegetables at a reduced price, and provide unlimited access to fruits and vegetables in the school meal program. School gardens are also underway in over 30 schools to enhance students' relationship with food. And each school's Healthy School Team is working to make school-based improvements on their Healthy School Program Inventory results.

Students Sleep Behaviors

Another important factor to consider for high school students' nutritional habits and overall wellbeing and readiness to learn is an adequate amount of sleep. Data from the Health Class Survey indicate that too many of Pinellas County's high school students are sleep deprived.

Table 7. Comparison of the Percentages of Middle School and High School Students Hours of Sleep on School Nights for 2009 and 2011.

On an average school night, how much sleep do you get?	High School 2009	High School 2011	Middle School 2009	Middle School 2011
4 hours or less	9%	8%	5%	4%
5 hours	16%	15%	5%	5%
6 hours	26%	24%	11%	9%
7 hours	27%	28%	22%	20%
8 hours	18%	20%	35%	35%
9 or more hours	5%	4%	23%	28%

The high school students in Pinellas report receiving much less sleep than the 8-9 hours recommended for optimal functioning of a teenager. Because three out of four of our high school students are not receiving enough sleep, they are likely chronically tired, slow to rise in the morning and do not make time to eat. Nutritional behaviors studies suggest that sleep deprived individuals frequently rely on foods high in sugars and caffeine to quickly energize the body. But these foods cannot sustain the energy output needed, so focus and attention quickly wanes and the appetite for additional foods of this nature increases creating a vicious cycle of unhealthy eating. The start time of high school may be an important factor in not only the sleeping behaviors of students, but may likely affect their nutritional behaviors as well.

Below is information from well respected studies on the amount of sleep teens need, how their sleep and fatigue patterns are unique for their age, and the results of some studies conducted in some school districts.

Teens spend a great portion of each day in school; however, they are unable to maximize the learning opportunities afforded by the education system, since sleep deprivation impairs their ability to be alert, pay attention, solve problems, cope with stress and retain information... Research shows that adolescents require at least as much sleep as they did as children, generally 8 1/2 to 9 1/4 hours each night (Carskadon et al., 1980)... most adolescents undergo a sleep phase delay, which means a tendency toward later times for both falling asleep and waking up. Research shows the typical adolescent's natural time to fall asleep may be 11 pm or later; because of this change in their internal clocks, teens may feel wide awake at bedtime, even when they are exhausted (Wolfson & Carskadon, 1998)

"Even without the pressure of biological changes, if we combine an early school starting time--say 7:30 am, which, with a modest commute, makes 6:15 am a viable rising time--with our knowledge that optimal sleep need is 9 1/4 hours, we are asking that 16-year olds go to bed at 9 pm. Rare is a teenager that will keep such a schedule. School work, sports practices, clubs, volunteer work, and paid employment take precedence. When biological changes are factored in, the ability even to have merely 'adequate' sleep is lost," Carskadon explains. The Center for Applied Research and Educational Improvement (CAREI) at the University of Minnesota conducted a study on the impact of changing school start times on academic performance, behavior and safety in suburban schools... (Wahlstrom, 2002). Results from three years of data showed:

- ❖ Improved attendance*
- ❖ Increase in continuous enrollment*
- ❖ Less tardiness*
- ❖ Students making fewer trips to the school nurse*

Students reported:

- ❖ Gaining an average of about one hour of sleep per night, since their bed times stayed the same even after the start time change.*
- ❖ Eating breakfast more frequently*
- ❖ Being able to complete more of their homework during school hours, because they were more alert and efficient during the day.*

Teachers and principals reported:

- ❖ Students seemed more alert in class.*
- ❖ Improvements in student behavior, with a calmer atmosphere in the hallways and cafeteria.*
- ❖ Fewer disciplinary referrals to the principal.*

Counselors reported:

- ❖ Fewer students seeking help for stress relief due to academic pressures.*
- ❖ Fewer students coming to them with peer relationship problems and difficulties with parents.*

In suburban schools, after-school athletic and other activity practices and rehearsals were shortened, with students arriving home later; however, actual participation in extracurricular activities and after-school jobs remained at the same level after the start time change...

"Given that the primary focus of education is to maximize human potential, then a new task before us is to ensure that the conditions in which learning takes place address the very biology of our learners."

Mary A. Carskadon, PhD, Director of E.P. Bradley Hospital Research Laboratory and professor in Department of Psychiatry and Human Behavior at Brown University School of Medicine

Alcohol, Drug Use, and Suicide Data

While the focus of this report is related to the requirements of our Wellness Policy, the School Health Advisory Committee also addresses the social and emotional needs of students. Therefore, it is important to recognize the importance of social emotional health in an individuals and society's overall wellbeing. The next few items represent only a snapshot of selected risky behaviors and additional attention in other reports is needed to provide a clearer picture of the status of students' health issues.

Since the ***Pinellas County Drug Prevalence Survey*** is no longer funded by the Juvenile Welfare Board, the Health Class Survey was modified this year to include a limited number of drug related questions. Below is a summary of the responses from these newly added drug related questions along with the questions about suicide which have always been part of the Health Class Survey.

Table 8. Percentage of Students Reporting Drug Use and Suicide Related Behaviors, 2011

Items	Yes Responses	
	High School	Middle School
During the last 30 days, did you smoke cigarettes?	16.3%	7.9%
In the last 30 days, did you have at least one drink of alcohol?	38.2%	15.3 %
Have you ever used marijuana?	27.4%	14.4%
Have you ever sniffed glue?	NA	10.8%
Have you ever taken a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?	16.7%	6.8%
Have you ever made a PLAN about how you would kill yourself?	16.1%	13%
Have you ever TRIED to kill yourself?	9.9%	8.5%

While the intent of this Wellness Report is to focus on nutritional and physical activity components of wellness, the social emotional behaviors reported above should also be considered. Of concern are the numbers of students at both the middle school and high school levels that report risky drug use behaviors. If the wellness initiatives of Pinellas County Schools are to enable students to be ready to learn, then students should not at any time be under the influence of a substance. Therefore, substance use and abuse prevention programs are an essential component of comprehensive wellness program. And even more troubling are the high numbers of students reporting they have at one time made a plan for suicide or attempted suicide. A comprehensive wellness plan should include effective mental health prevention and intervention components.

Recommendations

Using all information from national trends, new federal initiatives, the Alliance for a Healthier Generation's Report for Pinellas County Schools, directives from the Communities Putting Prevention to Work Grant, and results from the Health Education Class Surveys, SHAC recommends the following to the district and schools:

- Continue the development and implementation of big, bold, brave policies/guidelines that support the goals of the Communities Putting Prevention to Work Grant.
- Schools should expand their use of the free tools and other resources provide by the Alliance for a Healthier Generation.
- Schools should maintain a school-based Healthy School Team to address the components of the Healthy School Inventory. The team should include the wellness champion, physical education teacher, health/classroom teacher, cafeteria manager, parent/student representative, and a school administrator.
- Schools and support organizations should promote only healthy fundraising.
- To promote healthy behaviors with staff, staff vending and foods served during staff meetings should meet the Alliance for a Healthier Generation's guidelines.
- High school start time should align with students' natural circadian cycle.
- All high schools should provide a middle of the day lunch. End of day lunches restrict student participation in the reimbursable meal program.
- Drug use prevention programs should be maintained and expanded as resources become available.
- Suicide prevention programs such as Signs of Suicide should be maintained and all students should know how and when to seek help.

Conclusion

Pinellas County Schools is making real progress toward creating a culture of wellness for both students and staff. With support from various grants and community partners, the organizational structure of the SHAC, and established data collection processes, a system exists for continual improvement. Significant gains have been achieved from the Communities Putting Prevention to Work Grant contract.

The additional staff hired under this two year project is enabling the district to accomplish major objectives' tasks that support wellness goals. With the focus of this project on policy and sustainable systems improvements, significant improvements can be achieved with support from the School Board.