Evaluation, Implementation and Sustainability with CATCH onto Health! Consortium

May 24, 2016
11:00 a.m. (CDT)
Today’s webinar will be recorded and available online at www.CATCHinfo.org
We are an international leader in conducting research and providing programs that promote healthy living for children, their families and communities.

Our work fosters improved health behaviors among youth, influences policy and environmental change to support healthy living, and advances professional education and community service.

Our vision: Healthy children in a healthy world

www.msdcenter.org
Our Guests

Jeff Franklin
Illinois Delta Project Director

Phyllis Wood
Health Education & CATCH Director
Egyptian Public & Mental Health Department
Coordinated School Health: From Partnership to Practice

Illinois Delta Region
Illinois CATCH on to Health Initiative
Success and Challenges
Jeff Franklin, Delta Project Director
Phyllis Wood, CATCH Director
Basic Assumption

Behavior change is influenced or determined by the environment – because environments value and reward certain behaviors.
Physical Inactivity
Obese Children and Adolescents: NHANES

Equal or greater than 95% age/sex CDC Growth Charts

% overweight


6-11 years 12-19 years

Years of Survey

Sources: Medline, 2006; Ogden et al. JAMA;195:1549-55; Hedley et al. JAMA;291:2847-2850; Ogden et al., 2008; Ogden et al., 2010; Ogden et al., 2012; Ogden et al. JAMA;195:1549-55, Hedley et al. JAMA;291:2847-2850
Obesity Trends* Among U.S. Adults
BRFSS, 1990, 2000, 2010
(*BMI ≥30, or about 30 lbs. overweight for 5’4” person)

1990

2000

2010

Source: Behavioral Risk Factor Surveillance System, CDC.
### Table 1: County Health Rankings (2014) – Health Outcomes and Factors – Southern Illinois Delta Counties

<table>
<thead>
<tr>
<th>POOREST HEALTH OUTCOMES</th>
<th>POOREST HEALTH FACTORS</th>
<th>POOREST HEALTH BEHAVIORS</th>
<th>POOREST CLINICAL CARE</th>
<th>POOREST SOCIAL AND ECONOMIC FACTORS</th>
<th>POOREST PHYSICAL ENVIRONMENT</th>
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<tbody>
<tr>
<td>Alexander # 1</td>
<td>Alexander # 1</td>
<td>Alexander # 2</td>
<td>Hamilton # 1</td>
<td>Alexander # 1</td>
<td>Randolph # 3</td>
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<td>Gallatin # 2</td>
<td>Pulaski # 2</td>
<td>Saline # 3</td>
<td>Hardin # 3</td>
<td>Pulaski # 2</td>
<td>Johnson # 4</td>
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<td>Franklin # 3</td>
<td>Hardin # 5</td>
<td>Massac # 5</td>
<td>Gallatin # 5</td>
<td>Franklin # 9</td>
<td>Pulaski # 8</td>
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<tr>
<td>Saline # 4</td>
<td>Saline # 8</td>
<td>Pulaski # 7</td>
<td>PULASKI # 9</td>
<td>POPE # 10</td>
<td>Gallatin # 9</td>
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<td>Pulaski # 5</td>
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<td>Hardin # 9</td>
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## Illinois Delta Region

<table>
<thead>
<tr>
<th></th>
<th>SMOKING * *(BRFSS Round 5)</th>
<th>OBESITY</th>
<th>PHYSICAL INACTIVITY</th>
<th>DIABETIC SCREENING</th>
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<tbody>
<tr>
<td><strong>Number and Percent of Southern Illinois Delta Counties Worse Than Adult National Benchmark</strong></td>
<td>16/16 100%</td>
<td>16/16 100%</td>
<td>16/16 100%</td>
<td>14/16 88%</td>
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<tr>
<td>National Benchmark</td>
<td>13%</td>
<td>National Benchmark</td>
<td>25%</td>
<td>National Benchmark</td>
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<tr>
<td>US Median</td>
<td>21%</td>
<td>US Median</td>
<td>30%</td>
<td>US Median</td>
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<tr>
<td>Illinois</td>
<td>18%</td>
<td>Illinois</td>
<td>27%</td>
<td>Illinois</td>
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<tr>
<td>So. IL. Delta Counties</td>
<td>Range 15.2% - 27.5%</td>
<td>So. IL. Delta Counties</td>
<td>Range 28% - 34%</td>
<td>So. IL. Delta Counties</td>
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Illinois Delta Region
Children Living in Poverty

Children in Poverty, IL Delta Region

Bar chart showing the percentage of children living in poverty in various counties in the Illinois Delta Region.
Social Determinants of Health

- Social determinants of health are factors in the social environment that contribute to or detract from the health of individuals and communities. These factors include, but are not limited to the following:
- Socioeconomic status
- Transportation
- Housing
- Access to services
- Discrimination by social grouping (e.g., race, gender, or class)
- Social or environmental stressors
“Schools have more influence on the lives of youth than any other social institution except the family, and provide a setting in which, friendship networks develop, socialization occurs and norms that govern behavior are developed and reinforced.”

Healthy People 2010

http://web.health.gov/healthypeople
An Example of an Uncoordinated System

Psychological Testing
- Special Education
- Crime Prevention
- Juvenile Court Services
- Community Based Organizations
- Mental Health Services
- HIV/AIDS Services
  - Child Protective Services

After-School Programs
- Pupil Services

HIV/AIDS Prevention

Physical Education

Health Education
- Health Services
- Nutrition Education
- School Lunch Program
- Drug Prevention
- Counseling
- Codes of Discipline
- Smoking Cessation for Staff

Drug Services

Social Security

Medicaid

Diversity

Child Family
Coordinated School Health Model

- Health Education
- Physical Education
- School Health Services
- School Nutrition Services
- School Counseling & Social Services
- Healthy School Environment
- School-site Health Promotion for Staff
- Family & Community Involvement
Illinois CATCH onto Health Consortium

- What’s the history?
  - 1995 IPLAN
- Who was involved?
  - Jackson County Health Department
  - Southern Illinois Healthcare
  - University of Illinois Extension
- How did the pieces come together?
In 1995, agencies recognizing the need to improve the health and well-being of the children of southern Illinois joined to collaborate in an initiative to implement the 8 components of a coordinated school health program in area schools.

- Primarily focused on the area of health education.
- 23 schools in 15 school districts were provided curriculum and materials to implement health education in the classroom setting.
History cont.

- Michigan Model for Comprehensive School Health Education
- In 2007, HRSA Delta States Network Grant dollars utilized to expand CSH effort in the Delta Region
- The Partners in Health group (Now ICHC) is still very active and now focuses on all eight components of Coordinated School Health
- Coordinated Approach to Child Health (CATCH) program.
Healthy Southern Illinois Delta Network

**Mission:** Transforming Southern Illinois into a Region that Supports and Enhances Healthy Living

**Goal:**

- Create infrastructure leading to policy, systems & environmental changes for a healthy southern Illinois.

- Prevent and control overweight/obesity related chronic disease.

- Reduce tobacco use and eliminate exposure to secondhand smoke.

- Promote high impact clinical preventative services.
Illinois Delta Network
Illinois CATCH onto Health Membership

- SIU Center for Rural Health & Social Service Development
- Southern Illinois Healthcare
- Franklin-Williamson Bi-County Health Department
- Jackson County Health Department
- Perry County Health Department
- University of Illinois Extension
- Egyptian Health Department
- Southern 7 Health Department
- Centerstone of Illinois
Illinois CATCH on to Health Consortium

• Vision
  ○ ICHC will build sustainable school environments that positively impact the health of children and the communities in which they live

• Mission
  ○ Illinois CATCH on to Health Consortium is dedicated to providing children with the knowledge and skills to make healthy choices for a lifetime.
Illinois CATCH on to Health Consortium

Goals

I. Establish and maintain the ICHC as an active and functional consortium

II. Establish, expand, and sustain the implementation of coordinated school health programs in the Illinois Delta Region

III. Create community-wide awareness and strengthen commitment to the success and impact of coordinated school health.
ICHC Program Director Goals

- Reduce Health Disparities within the Illinois Delta Region.
- The Illinois Catch on to Health Consortium (ICHC) will establish and maintain itself as an active and functional consortium.
- Expand, establish, and sustain the implementation of school-based health programs in the Illinois Delta Region that follow the Centers for Disease Control and Prevention’s Coordinated School Health Program model.
- Increase the duration and intensity of physical activity among children in the Illinois Delta Region.
- Decrease the percentage of children in the Illinois Delta Region who are overweight or at risk for overweight.
ICHC Staff Goals

- Administrative letter of support
- Formation of wellness committee
- Completion of School Health Index and Action Plan
- Train staff on CATCH program (CSH)
- SOFIT observations (grades 3, 4, 5)
- Assist with school wellness nights
Strengthening Our Coalition
Lessons Learned

**STRONG WORKING RELATIONSHIPS**
**WIDE RANGE OF DIVERSE INTERESTS AND SKILL SETS**
**COHESIVE AND UNIFIED VISION AND MISSION**
**WORK PLAN**
**STRONG PROGRAM DIRECTOR**
**TEAM BUILDING EFFORTS**
**ALL VOICES HEARD AND RESPECTED**
**PROFESSIONAL DEVELOPMENT OPPORTUNITIES**
**BY-LAWS**
We Choose Health (CTG)

- Illinois Department of Public Health (IDPH) received a grant from CDC for 5 years

- Create sustainable improvements so that healthy communities can continue with efforts when funding is no longer available

  - Healthy Eating & Active Living
  - Smoke-free Living & Public Places
  - Healthy Schools & Worksites
The Partnership

Illinois CATCH onto Health Consortium

- Assessment
- Certified staff trainers
- Combining community input
- Initiative sustainability

PSE Focus

- Measurable Outcomes
- Resources
- Funding
Support policies that will create healthier communities

- Remember:
  - education policy is health policy;
  - economic policy is health policy;
  - child-care policy is health policy;
  - housing policy is health policy;
  - transportation policy is health policy.
Physical Education

- Students will be involved in MVPA for 50% of class time
- Students are provided many opportunities to participate and practice skills
- Students enjoy physical activity
- Students are encouraged to be physically active outside of school
Benefits of Enhancing P.E. and School-Based Activity

- Better Health
  - Physical fitness
  - Reduced risk of disease
  - Less stress
  - Improved mental health

- Better Behaviors
  - On-task behavior
  - Less disruptive
  - Fewer disciplinary incidents

- Better Learners
  - Cognitive performance
  - Ability to concentrate
  - Memory
  - Higher academic achievers
What does the research say?

Brains after sitting quietly

Brains after 20 minute walk

**ROI:** Studies show children scored a **full grade-level higher in reading** comprehension after physical activity than after a period of rest.

Average composite of 20 student brains taking the same test

<table>
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<th>WHY: BY THE NUMBERS</th>
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<tr>
<td><strong>2x</strong></td>
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<tr>
<td>More likely to meet ISAT standards when fit</td>
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<tr>
<td><strong>11</strong></td>
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<tr>
<td>Min. of physical activity in avg. 30-min. K-6 PE class</td>
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<tr>
<td><strong>20%</strong></td>
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<tr>
<td>“On task” behavior among most challenged students</td>
</tr>
<tr>
<td><strong>~1 in 3</strong></td>
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<tr>
<td>Illinois children are obese/overweight</td>
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On August 27, 2012, the Senate passed Public Act 97-1102 that creates the Enhance Physical Education Task Force (EPETF).

**Goal:** promote and recommend enhanced physical education programs that can be integrated with a broader wellness strategy and health curriculum in elementary and secondary schools in this state, including:

- Educating and promoting leadership on enhanced physical education among school district and school district officials;
- Developing and utilizing metrics to assess the impact of enhanced physical education;
- Promoting training and professional development in enhanced physical education for teachers and other school and community stakeholders;
- Identifying and seeking local, State, and national resources to support enhanced physical education;
**Enhanced PE**

**Goal**

All Illinois K-12 school students will participate in daily, high-quality physical education (PE) in order to promote academic achievement and realize the lifetime benefits of exercise and fitness.

**Enhanced PE**

Increasing the amount of moderate-to-vigorous physical activity (MVPA) that students receive during P.E. class to at least 50% of class time.
Enhanced PE & CATCH

**Enhanced PE:**

- Leads to better learners, better behavior in the classroom, and better student health.
- Changes policies, practices, and curricula so that students spend more time in moderate to vigorous physical activity (MVPA) during each class.
- Schools will see a return on investment on the dollars and time dedicated to P.E. and physical activity.

**CATCH**

- Has researched-based curriculums and equipment to create healthier students and better learners.
- Emphasizes wellness policies and committees, completion of the School Health Index, SOFIT evaluations, etc.
- Schools have a designated CATCH trainer who will conduct follow-up interviews with staff, conduct evaluations and share results with school staff.

*CATCH is a method to help meet the Enhanced PE Standards*
School Report Cards

SOFIT Student Activity
All CATCH Schools

% of observations

Lying Down
Sitting
Standing
Walking
Very Active
MVPA (Walking + Very Active)

School Year

Why are schools adopting CATCH?

**Advantages:** Well studied, well documented. Supported by State Board of Education & IDPH. Other schools are using it, endorsed by colleagues and professional associations, etc.

**Compatibility:** Most schools have PE and food service and health education requirements. CATCH meets CDC and State guidelines. Parents, teachers, and students like the program.

**Complexity:** IT’S NOT – CATCH modifies rather than replaces.

**Trialability:** Program costs little to implement. CATCH staff conducts training, which is supported by the ICHC

**Observability:** Visible school environmental changes. Principal receives positive reinforcement, school health apparent. Assist in accountability.
Partnered Projects

- Educate on Enhanced PE standards and CATCH program

- Healthy Illinois Delta Workforce Challenge
  - Graduate assistants
  - Worksite wellness toolkit (general)
  - Worksite wellness toolkit (school staff)
  - Staff health workshops

- Walking Challenges
  - 5 schools (189 staff)

- Employer incentive checklists
  - $400 per site
Strategies for Success

- **ICH C:**
  - PSE Focus
  - Lesson Modeling
  - Family Wellness Events – Community Involvement Strategy
  - Bullying Prevention Social and Emotional Learning
  - On-going Newsletters
  - Staff Wellness Programs
  - Curriculum & Equipment Purchase
  - Develop Action Plan
  - School Health Policy
  - Leveraging of other funding

- **Formation of school wellness committee-meets on regular basis**
- **Completion of School Health Index**
- **Certified CATCH Trainer on staff**
- **Professional Development Opportunities**
Working Together To Improve Southern Illinois
Leverage We Choose Health Worksite Wellness initiative (PSE Focus) and Delta States Grant

Build a Foundation for Wellness

Assess the Worksite

Plan for Wellness

Implement Incentivized Worksite Wellness Initiatives
CATCH Expansion

- Pre-Kindergarten Implementation
- Leverage funding
- After-School Component
- Professional Development Opportunities
  - CATCH on to Health Consortium
  - Physical Education Instructors
  - Food Service Staff
- Community Engagement – Forums
- Marketing Campaign
- Farm-to-School / Local Farmer Engagement
- University of Illinois Extension SNAP-ED
- Summer Youth Programming
- Social Media / Website Resource
- JALC – Child Care Resource and Referral
Program Situation: SIU SOM CRHSSD Delta States Rural Development Network Grant Logic Model

**Inputs**
- Illinois CATCH On to Health Consortium Members
- Delta States Rural Development Network Grant Funding
- School-Wellness Committees
- Evidence-based curriculum
- Self-assessment
- School-based health clinics
- Community health needs assessment

**Outputs**
- Whole School, Whole Community, Whole Child training and implementation
- Professional development opportunities
- Completion of School Health Index (SHI)
- School faculty and staff, wellness committee members, and ICHC members
- School-aged children in the Illinois Delta Region
- Parents of school-aged children in the Illinois Delta Region
- Community and school personnel
- ICHC Project Director and researcher
- Meta-analysis

**Activities**
- Improved adherence to chronic disease management protocols
- Improved communication between parents and youth concerning health behaviors
- Increased capacity to refer at-risk students to appropriate mental health services
- Develop best practices for promoting healthy social and emotional climate at schools in the Delta region

**Participants**
- Increased knowledge and attitude toward physical activity and proper nutrition
- Improved knowledge of various health behaviors
- Increased awareness of youth mental health issues
- Identify how bullying prevention, character development and SEL intersect

**Short-term Outcomes**
- Increased student, staff, and family engagement in health related activities
- Established school-based health promotion marketing plan
- Improved quality of health programming
- Improved knowledge and attitude toward physical activity and proper nutrition
- Improved communication between parents and youth concerning health behaviors
- Increased capacity to refer at-risk students to appropriate mental health services
- Develop best practices for promoting healthy social and emotional climate at schools in the Delta region

**Intermediate Outcomes**
- Increased physical activity
- Improved nutrition behaviors
- Improved mental health status
- Improved health literacy
- School-wellness policies with provisions related to physical activity, nutrition, and social-emotional learning

**Long-term Outcomes**
- Increased confidence, positive thinking and motivation for students in the Illinois Delta Region
- Decreased obesity rates for school-aged children
- Reduced incidence of chronic disease
- Reduced health disparities
- Reduced suicide rates for school-aged children
- Reduced bullying at schools in the region
- Increased parent participation at school-based events
- Reduced stigma concerning mental health issues
- Decreased generational poverty
- Academic achievement

**Assumptions:**
- Community and school partners will collaborate using the WSCTC approach to improve the health and wellness of school-aged children
- Resources and funding can be secured
- Illinois legislature & governor will resolve the current budget impasse & enact a budget for FY ’17

**External Factors:**
- Unemployment/Poverty/State of Illinois Budget Crisis
- Access to Care (i.e. transportation, medically underserved)
- Access to fresh/nutrient-dense foods
- Testing emphasis not on health
Phyllis J. Wood, Health Educator  618-272-4691
pwood@egyptian.org
So, how do we get ‘em?

* Personal contact
* Packets of info!
  (Hmm... how does this work anyway?)
* Show ‘em what they get!
  (Foam dice!)
Next Steps:

* School Health Index (CDC)
* CATCH Training
  Distribute Curriculum, Coordination Kit
  Health Education Resources
* SOFIT (Evaluation)
* Wellness Committees
* Newsletters
* Family Fun Events
Professional Development

- CATCH Trainings
- School Lunch Rocks!
- P.E. Workshop
Activities

- Jump with Jill
- Food Play
- Family Fun Nights
Resources

* Equipment-indoors and out!
* Health Education materials
* School gardens
* 5k Walk or Runs – Hawk Trot, Bookin’ it for Books, Reindeer Run, Tiger Run
* Farm to School & Farmer’s Markets
* Grants
It Takes a Village

- Partner Organizations
- Geographic area – helping hands
- Administrative support
- Sustainability – each school is unique

“Whether you’re in the middle of a cornfield or a city – CATCH WORKS!!”
Questions

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Thank You!

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Today’s webinar was recorded and will be available online at
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