

SPECIAL POINTS OF INTEREST:

- **AB 2706: The ALL IN for Health 2016-17 flyer is ready to include in student enrollment packets**
- **Comprehensive School Physical Activity Program**
- **Starting a Safe Routes to School Program**

INSIDE THIS ISSUE:

Prevention First
School Health
e-Learning Series 2

Competitive Foods
and Beverages 3

Bike to School Day
is May 4, 2016! 4



Prevention First School Health Team

VOLUME 1, ISSUE 2

FEBRUARY 2016

How Asthma Friendly Is Your School?

Students with asthma need proper support at school to keep their asthma under control and be fully active. Use the questions below to find out how well your school serves students with asthma:

1. Are the school buildings, grounds, including school transportation, and events free of tobacco smoke at all times?
2. Does your school have a [policy allowing students to carry and use their own asthma medicines](#)? If students do not self-carry, do they have quick and easy access to their medicines?
3. Does your school have a written emergency plan for staff to follow when a student has an asthma attack? In an emergency, such as a lockdown, or if a student forgets his/her medicine, does your school have standing orders and quick-relief medicines for students to use?
4. Do all students with asthma have updated [asthma action plans](#) on file at the school?

5. Is there a fulltime nurse at your school? Does a nurse identify, assess, and [monitor](#) students with asthma at your school? Does he/she help students with their medicines and to be physically active? If you do not have a full time



nurse, is a nurse regularly available to write plans and give the school guidance on these issues?

6. Is [professional development](#) available to school staff regarding asthma management? Are students taught about asthma and how to help a classmate with asthma?
7. Can [students with asthma fully and safely join in physical education](#), sports, recess, and field trips? Are students' medicines accessible? Is physical activity modified

for students with asthma when necessary?

8. Does the school have good [indoor air quality](#)? Does the school help to [control triggers](#) that can make students' asthma worse?

If you answered no to any questions, then it may be harder for students to properly manage their asthma. Uncontrolled asthma can hinder a student's attendance, participation, and progress in school. School staff, healthcare providers, and families should work together to make [schools more asthma-friendly](#) to promote student health and education.

ALL IN for Health's 2016-2017 Family Flyer is Now Available!

In order for schools to meet the legislative mandate of [AB 2706](#), districts must provide health insurance options and enrollment assistance information **via student enrollment packets**! Find everything you need [here](#).

Prevention First School Health E-Learning Training Series

School health programs can reduce the prevalence of risky behaviors among young people and have a positive effect on academic performance.

The *Prevention First School Health Team* provides [45 minute “on-demand” webinars](#) on how school administrators and staff can support health and academic success on the following school health topics:

- Asthma
- Nutrition
- Food Allergies
- Physical Activity

C-SPAP Can Improve Student Academic Performance

The [Comprehensive School Physical Activity Program](#) (C-SPAP) is a relatively new multi-component approach developed by the Society of Health and Physical Educators (SHAPE) America, in conjunction with the Centers for Disease Control and Prevention (CDC), for providing increased opportunities for students to participate in at least 60 minutes of daily physical activity (PA) as recommended by CDC. Sufficient PA during the school day can enhance academic performance and improve student behavior.¹ A recent Institute of Medicine report supports these findings and suggests a relationship between vigorous or moderate intensity PA with improved brain function. Children who are more active manifest a greater attention span, exhibit a faster cognitive processing speed, and perform better on standardized academic tests than children who are less active.²

CSPAP implementation may also assist students in developing the knowledge, skills, and confidence they need to be physically fit throughout their lifetime. CSPAP includes five core components briefly described as follows:

Physical Education (PE): PE serves as the foundation of CSPAP. PE should conform to the [California Education Code](#) requirement regarding class length (minutes). PE teachers should receive proper training to implement well-designed lessons and activities based on a sequential PE curriculum. PE teachers should adapt PE for students with disabilities



and direct all PE so that students, as they are able, spend fifty percent of class time participating in moderate to vigorous activity.

PA at School (Beyond PE): Schools should provide opportunities for students to engage in PA throughout the school day including at least 20 minutes of recess for elementary students with provision of sufficient exercise equipment for all students who wish to use it. Teachers can integrate PA (e.g., students stand to either ask or answer a question) into lesson plans for academic subjects and

provide short PA breaks during instruction time such as [JAmin’Minute](#).

PA Before and After School: This includes walking and biking to and from school, structured and informal PA opportunities provided just before or after school, activity clubs, intramural sports, field days, and arrangements with community agencies (e.g., boys and girls clubs) to provide PA options for students after school.

Staff Involvement: This may include employee wellness programs that incorporate walking clubs, PA education, group fitness classes, and medical screenings.

Family and Community Engagement: School staff can send PA informational materials home to parents and conduct school site PA events designed for family participation.

[CSPAP: A Guide for Schools](#) is an excellent resource for understanding CSPAP, in depth. This 70-page no-cost guide provides a thorough overview of CSPAP and describes in detail the step-by-step strategies to develop, implement, and evaluate CSPAP.

For more information about CSPAP, visit the [Prevention First website](#) or contact [Andrew Manthe](#) or [David Saunders](#) by email.

¹ Centers for Disease Control and Prevention. The association between school-based physical activity, including physical education, and academic performance. Atlanta, GA: U.S. Department of Health and Human Services; 2010.

² Educating the Student Body: Taking Physical Activity and Physical Education to School, Institute of Medicine Report, May 23, 2013.

Reminder: Competitive Foods and Beverages

As a result of the Healthy, Hunger-Free Kids' Act passed in 2010, the U.S. Department of Agriculture (USDA) updated the nutrition standards for snacks and beverages (also known as "competitive foods") sold in schools. Examples of competitive foods and beverages include those sold during the school day in vending machines (that are not reimbursable meals), student stores, a la carte items sold by the school food service department, or as fundraisers.

Competitive foods and beverages are governed by different laws, regulations, and policies at the federal, state, and school district levels. Congress enacts laws and the USDA promulgates regulations related to school nutrition. At the state level, the Legislature enacts laws and the State Board of Education adopts regulations related to nutrition. On July 1, 2014, the updated standards became effective. Remember to address competitive foods and beverages in your school wellness policies, or when conducting a review of foods and beverages sold on campus.

For information on California laws and regulations that govern competitive foods and beverages; Frequently Asked Questions; and resources, visit [Competitive Foods and Beverages](#).



Continuing Education Credits for e-Learning!

The CDC announced continuing education credits (CEU) for the **e-Learning Series for Training Tools for Healthy Schools** offered by the [CDC's Healthy Schools program](#). Both the course link and the CDC CEU link are provided below, as well as instructions on how to obtain the CEU credits.

School Health Guidelines

Course Link: <http://orau.gov/dph/shg/page01.html>

CDC CEU Link: http://www2a.cdc.gov/TCEOnline/registration/detailpage.asp?res_id=5383

School Health Index

Course Link: <http://orau.gov/dph/shi/page01.html>

CDC CEU Link: http://www2a.cdc.gov/TCEOnline/registration/detailpage.asp?res_id=5384

Comprehensive School Physical Activity Program: A Guide for Schools:

Course Link: <http://orau.gov/dph/cspap/page01.html>

CDC CEU Link: http://www2a.cdc.gov/TCEOnline/registration/detailpage.asp?res_id=5385

Continuing education for these courses are only available through the CDC Training and Continuing Education Online system (CDC TCEO). You must complete the online evaluation by **November 23, 2017** to receive your continuing education or your certificate of completion.

To complete online evaluation:

Go to CDC TCEO at <http://www.cdc.gov/tceonline/>. Select **Participant Login** to login. If you are new to TCEO, you will need to create a user ID and password.

Once logged on to CDC TCEO, the **Participant Services** page will display. Select the **Search and Register** link. Select a search method to locate the course and click on **View**.

Click on the course name, and the course information page will display. Scroll down to **Register Here**. Select the type of CE that you would like to receive and then select **Submit**.

Follow the directions on each page to complete the online evaluation.

Safe Routes to School

Bike to School Day is May 4, 2016!

[Bike to School Day](#) is an annual celebration of the [benefits](#) of riding a bike to school developed by the National Center for Safe Routes to School. Many schools expand this celebration to include students, families, and community members who roll (e.g., scooters, skateboards, wheelchairs, rollerblades, etc.) and walk to school creating a Bike, Roll, and Walk event to promote increased physical activity, arrive at school alert and ready to learn, and reduce traffic and pollution from driving to school. For teachers who want to participate in educating their students on how to participate in active transportation safely, the [National Center for Safe Routes to School](#) maintains a walking and bicycling safety [curricula](#) page. Walking and riding a bicycle safely are important life skills. Any program that encourages walking and bicycling should also incorporate safety education. In order for children to adopt new skills, they need supervised practice time and repeated reinforcement of the key messages.



Starting a Safe Routes to School Program

If you are thinking about developing a Safe Routes to School (SRTS) Program for your school community, there are numerous [resources](#) out there to help you get started! [Starting a SRTS program](#) is an opportunity to make biking, walking, and rolling to school safer and more accessible for children, including those with disabilities. More broadly, SRTS programs can enhance children's health and well-being, ease traffic near the school, improve air quality, and community members' overall quality of life. The first thing you need to do is to bring together the right people:

1) Form a coalition with a diverse group. Consider if the group

wants to plan for SRTS in a single school or district-wide. Look for existing groups where SRTS is a natural fit. Involve the students and, most importantly, find a program champion to keep things moving!

2) Hold a kick-off meeting to create vision and develop next steps.

3) Gather information and identify needs. This may include performing a walking audit by [observing](#) or mapping school routes.

4) Identify solutions to issues or needs identified by the group.



5) Make a plan. The SRTS plan should include major strategies, a timeline for each strategy, a map of the area covered by the plan, and how the program will be evaluated. Strategies that can be implemented early will help the group feel successful and can build momentum and support for long-term activities.

6) Fund the plan. Many actions to increase health transportation safety to school include low-cost items like signs or fresh paint.

7) Act on the plan. Hold a fun-filled kick off event (e.g., [walking school bus](#)) and invite the media.

8) Evaluate, make improvements, and keep moving!

Contact Information and Emphasis

Andrew Manthe, MPH, CHES, (Physical Activity) andrew.manthe@cdph.ca.gov

David Saunders, MEd, (Physical Activity, Nutrition, Chronic Conditions) dsaunders@cde.ca.gov

Linda Cowling, MPH, RD, (Nutrition) linda.cowling@cdph.ca.gov

Melissa Mallory, MPPA, (Chronic Conditions and Health Insurance) melissa.mallory@cdph.ca.gov

Nancy Zarenda, (Chronic Disease) nzarenda@cde.ca.gov

Daniela Torres, MPH, (Health Insurance) dtorres@cde.ca.gov