

Healthy ConneCTions

Connecticut's Coordinated Approach to School Health



Connecticut State Department of Education
Second Annual
Comprehensive School Health and
Physical Education Coordinators' Meeting

December 8, 2010

Opening

 **Jean Mee, Ed.D.**

Physical Education and School Health Education Consultant



Welcome

 **Paul Flinter, Ph.D., Chief**

Bureau of Health/Nutrition, Family Services and
Adult Education



Our Team

Healthy Connections Team

Kari Sullivan

Physical Activity, Nutrition and Tobacco Coordinator



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Our Mission

We will nurture the physical, social and emotional health of our entire school community including students, families and school personnel. We will promote and support full implementation of a coordinated approach to school health in schools and communities.

Our Vision

Connecticut's children and adolescents are healthy, learning and succeeding in life.

Setting the Stage

 **Bonnie Edmondson, Ed.D.**
Comprehensive School Health Education Consultant



Status of School Health Policy and Practice in Connecticut Schools

▶ School Health Profiles

- ▶ Questionnaire administered to randomly selected middle and high school principals (policies) and to lead health teachers (programs);
- ▶ Funded by Centers for Disease Control and Prevention and data supports the School Level Impact Measures;
- ▶ Addresses areas of Physical Education/ P.A.; Health Education; Asthma; Nutrition; HIV Prevention; Tobacco; and Family, Community Involvement; and
- ▶ Completed 2010 administration- Thank You! Next administration in 2012.

Status of School Health Policy and Practice in Connecticut Schools

Middle and High School Principals reported:

- ▶ 81% currently have someone who oversees or coordinates school health and safety programs and activities;
- ▶ 96% adopted a policy prohibiting tobacco use;
- ▶ 89% have a full-time registered nurse who provides health services to students;
- ▶ 45% did not have one or more groups (committee) that offer guidance on the development of policies or coordinates activities on health topics;
- ▶ 28% (health education) and 34% (physical education and P.A.) have a School Improvement Plan that includes health-related goals and objectives in these topics;
- ▶ 23% did not have a written policy that protects the rights of students or staff with HIV infection or AIDS;

(School Health Profiles, 2010)

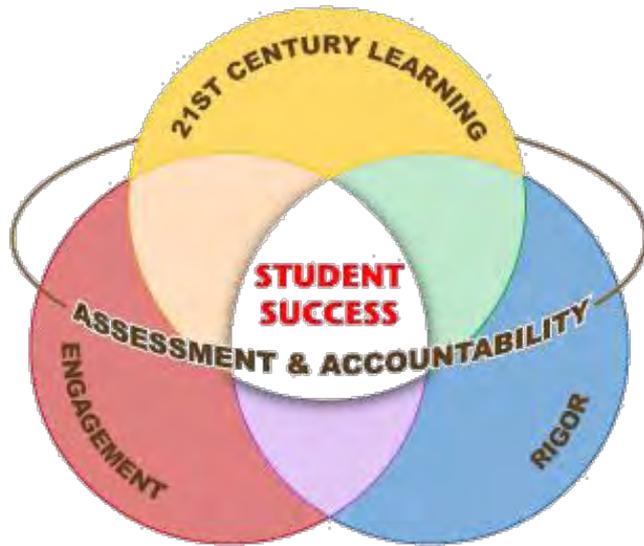
Status of School Health Policy and Practice in Connecticut Schools

Lead health teachers in middle and senior high schools reported:

- ▶ 82% of those who teach health education were provided with a written health education curriculum;
- ▶ 52% received professional development in physical activity and fitness while 9.9% in food-borne illness during the last two years;
- ▶ 65% were provided with plans for how to assess student performance in health education; and
- ▶ 61% did not teach all 17 critical HIV/STD and pregnancy prevention topics. (School Health Profiles, 2010)

Secondary School Reform

 **Mark K. McQuillan**, Commissioner
Connecticut State Department of Education



Comprehensive Student Support Systems Framework

 **Bonnie Edmondson, Ed.D.**

Comprehensive School Health Education Consultant

 **Cheryl Resha, Ed.D.**

Education Manager, School Health and Nutrition Programs



Break



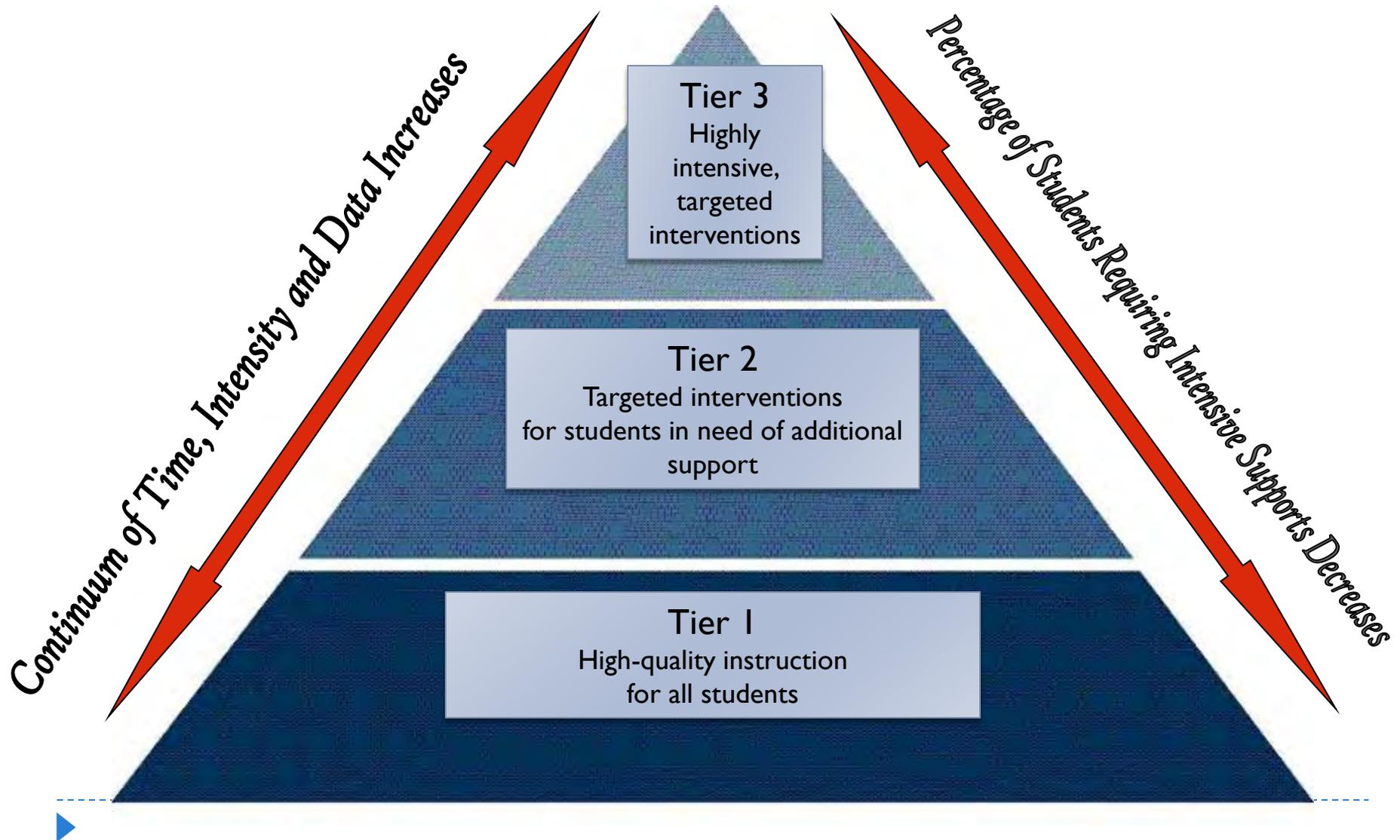
Scientific Research-Based Interventions

 **Jean Mee, Ed.D.**

Physical Education and School Health Education Consultant
Connecticut State Department of Education



Scientific Research-Based Interventions



SRBI = RTI

- ▶ Early assistance for children having difficulty learning
- ▶ Early step to help identify learning disabilities
- ▶ Groups or individuals
- ▶ Prevent academic failure through early interventions and frequent progress measurements
- ▶ Increasingly intensive research-based interventions



SRBI Core Assumptions

1. Educational system can effectively teach all children.
2. Early intervention prevents problems from getting out of control.
3. Multi-tiered service delivery model.
4. A problem solving model should be used to make decisions between tiers.
5. Research-based interventions progress monitoring informs instruction.
6. Data should drive decision making.
7. Systematic model within general education and special education areas.
8. Systematic process for providing preventive, supplementary instructional services to students who are having challenges meeting benchmark levels.



Steps to Successful SRBI Intervention Plans

1. Understand the model.
2. Use teams to problem-solve.
3. Select the right intervention.
4. Monitor student progress.
5. Graph data for visual analysis.



Recommended Features of SRBI Plans

- ▶ Focus / Outcome
- ▶ Setting
- ▶ Curriculum and Instruction
- ▶ Interventions
- ▶ Interventionists
- ▶ Assessments
- ▶ Data Analysis and Decision-Making
- ▶ Family Involvement



Scientific Research-Based Interventions

 For more information, visit www.ct.gov/sde and search for “Scientific Research-Based Interventions”



Connecticut School Health Survey

 **Celeste Jorge, Epidemiologist**

State Department of Public Health

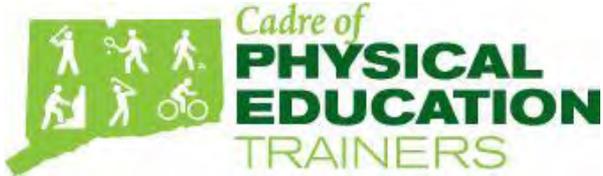


Resources Before Lunch...

 **Lisa Budris**, Coordinated School Health Coordinator
State Department of Public Health



Cadre of Physical Education Trainers



Phyllis Jones

Facilitator

Cadre of Physical Education Trainers

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Connecticut Action for Healthy Kids



Dawn Crayco

Co-Chair

End Hunger CT!

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www.actionforhealthykids.org



CT Association of Administrators of Health and Physical Education

Ann Marie Colebrook

President

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Connecticut Breakfast Expansion Team



Roberta Jacobs

Norwich Food Service Director

Connecticut Breakfast Expansion Team (CBET)

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www.sde.ct.gov



Connecticut School Health Survey



Celeste Jorge

Epidemiologist

Department of Public Health

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www.ct.gov/dph/cshs



CT Shaken Baby Syndrome Prevention Project



Luz M. Rivera

Primary Prevention Services Coordinator

Children's Trust Fund

Division of the Department of Social Services

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(860) 424-5629

www.ct.gov/ctf



Coordinated School Health



Donna Heins

Coordinated School Health Consultant

Connecticut State Department of Education

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Health Education Assessment Project



Patricia F. Miller

Cadre Facilitator

Connecticut State Department of Education

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Lead Poisoning Prevention and Control Program



Rhonda Snyder

Health Program Assistant

Connecticut Department of Public Health

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www.ct.gov/dph/lead



New England Dairy & Food Council



Amanda Aldred, RD, SNS

School Nutrition Specialist

New England Dairy & Food Council

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www.FuelUptoPlay60.com



Nurse Cadre of Trainers



Stephanie Knutson, MSN, RN

School Health Consultant

Connecticut State Department of Education

stephanie.knutson@ct.gov

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<http://www.sde.ct.gov/sde/cwp/view.asp?a=2678&q=320768>



Oak Hill



Lucille Duguay, LCSW

Program Director

**Center for Relationship &
Sexuality Education**

duguayl@ciboakhill.org

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Safe Routes to School



Sharon Okoye
State Coordinator



Connecticut Department of Transportation

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860-594-2367

www.ctsaferoutes.org

www.walkitbikeitct.org



Teen Pregnancy, STD and HIV Prevention Cadre of Trainers



James Horton

Program Facilitator

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860-739-7742

**To Register; Go to www.Eastconn.org, Click on “Registration”, then
click on**

“Connecticut State Department of Education Professional Development”



Lunch



Hot Topic Tables

Kari Sullivan

Physical Activity, Nutrition and Tobacco Coordinator

Connecticut State Department of Education

▶ **Advocating for health and physical education**

Kari Sullivan

▶ **Coordinated School Health**

Donna Heins

▶ **Teaching sexuality education**

Stephanie Knutson

▶ **Teen dating violence**

Bonnie Edmondson

▶ **Wellness curriculum**

Jean Mee



Regional Collaborative Meetings

 **Jean Mee, Ed.D.**

Physical Education and School Health Education Consultant

▶ **North Central**

▶ **Northeast**

▶ **Northwest**

▶ **South Central**

▶ **Southeast**

▶ **Southwest**



Closing

- ▶ **Regional Collaboratives Report Out**
- ▶ **Volunteers for Planning Team**
- ▶ **Evaluation**



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