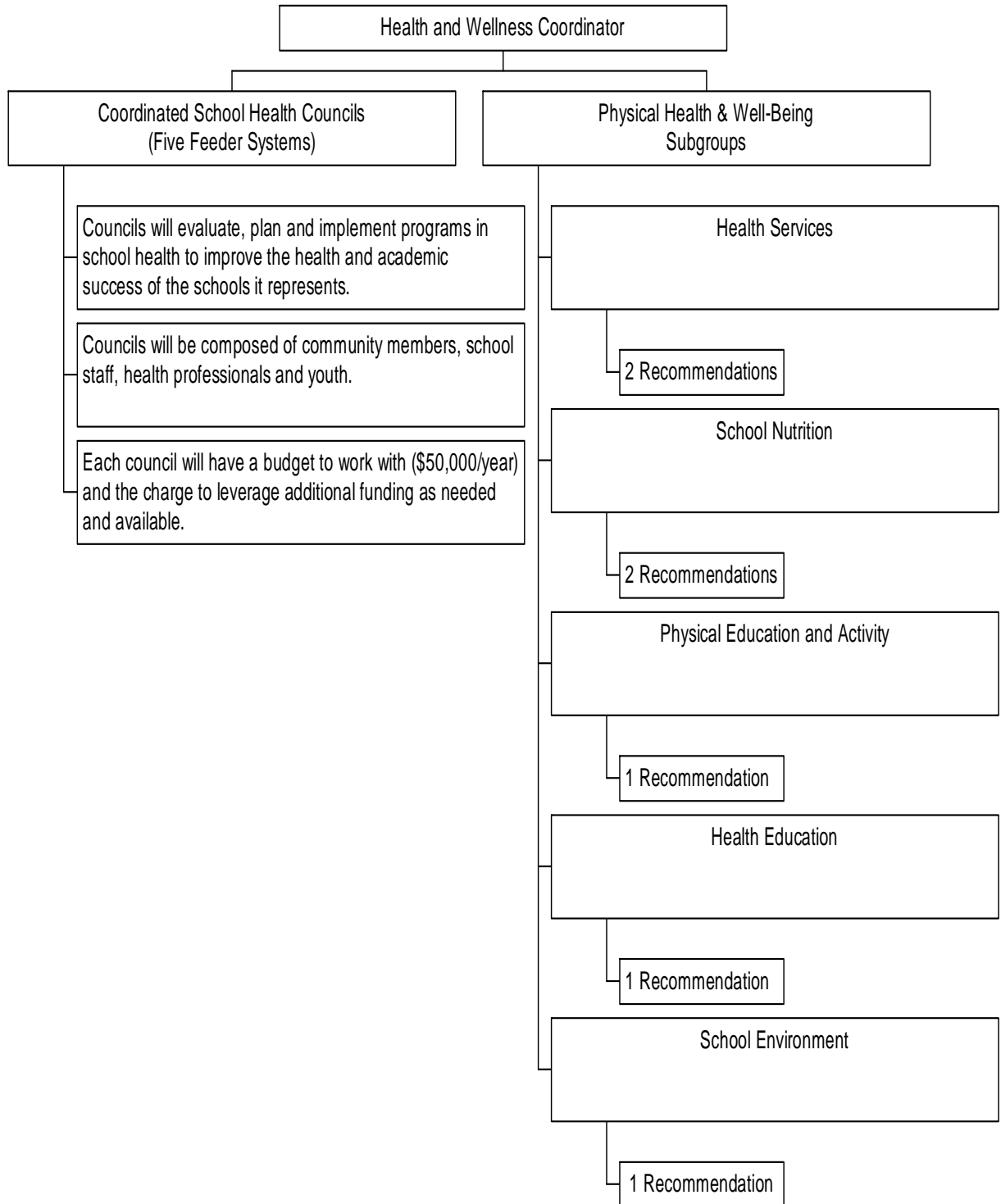


# Physical Health and Well Being Recommendations



**“HEALTH IS ACADEMIC”**



# "HEALTH IS ACADEMIC"

## Health Services

- Over a period of 3 budget years, move the RN ratio to 1:750 (National Recommendation) vs. the current ratio of 1:1900.
  - In FY 07, place an RN in each high school
  - In FY 08, place an RN in each middle school
  - In FY 09, place an RN per 2 elementary schools
- Expand the school based clinic model (multi-disciplinary model that includes an ARNP, RN, mental health counselor and health educator).
  - Expand multi-disciplinary team model at Cardinal Valley
  - Open a middle school clinic fed by current elementary school with school based clinics

## School Nutrition

- Develop state-of-the-art, adequately funded school lunch and breakfast program that models lifelong healthy eating practices by providing tasty, nutritious meals in a comfortable, relaxed environment.
- The Coordinated School Health Director, with the support of a committee with district wide representation, will create a *Nutrition Integrity Policy* that addresses the practice of using empty calorie foods as rewards for good behavior and academic performance and uses poor nutrition foods for school fundraising.

## Physical Education and Physical Activity

- Provide a quality K-12 physical education program implemented by certified physical educators. These physical educators will also be trained to promote physical activity during physical education, in the classroom, during recess and outside of school. These educators will also work to establish a physically active school environment. Each school's physical education program will be allocated \$1000 per year for equipment and other materials necessary to effectively implement quality physical activity programs.
  - Elementary
    - Consistent with meeting SB 172, 30 minutes of cumulative physical activity is offered daily.
    - In addition to physical education, physical activity should come in the form of recess, active breaks and kinesthetic learning experiences in the classroom.
  - Middle School
    - Require eighteen weeks of physical education per year grades 6-8.
    - Provide an additional eighteen weeks of physical education (e.g., fitness, strength training, team activities, individual activities, etc.) opportunities per year as an elective for grades 6-8.
    - The focus of the physical education program should emphasize skills necessary to engage in lifetime activities.
    - Time should be allocated each day for physical activity breaks. Examples include a supervised open gym before, during and after school.
  - High School
    - Physical Education Requirement (P.C. I) in the 9<sup>th</sup> grade with an emphasis on fitness and lifetime activities.
    - Provide yearly physical education (e.g., fitness, strength training, team activities, individual activities, etc.) opportunities as an elective that will give the student a focus on mental, physical and social skills to engage in lifetime activities.
    - Time should be allocated each day for physical activity breaks. Examples include supervised open gym before, during and after school.

## Health Education

- Every FCPS will have a planned, sequential, skills-based, comprehensive, P-12 health education curriculum that provides every student:
  - At each elementary school grade, a minimum of 50 hours of health education instruction
  - At each middle school grade, a minimum of 50 hours of health education instruction taught by a certified health education teacher
  - At each high school grade, a minimum of 50 hours health education instruction taught by a certified health education teacher

## School Environment

- School environment will be designed and managed to incorporate features that enhance learning as well as optimize the physical, mental and social well being of students and staff.
  - Implement Principles of Positive Youth Development, school connectedness and positive school climate.
  - Ensure a daily period of recess everyday for all children. Do not use recess as part of behavioral modification strategies.
  - Enforce no smoking policies in schools and at all school functions.
  - Integrate use of Healthy Built Design principles in architectural plans including provisions for adequate outdoor green space and where possible, links to public parks and green spaces.

# School Health Model



**Health Education:** A planned, sequential, K-12 curriculum that addresses the physical, mental, emotional and social dimensions of health. The curriculum is designed to motivate and assist students to maintain and improve their health, prevent disease, and reduce health-related risk behaviors. It allows students to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills, and practices. The comprehensive health education curriculum includes a variety of topics such as personal health, family health, community health, consumer health, environmental health, sexuality education, mental and emotional health, injury prevention and safety, nutrition, prevention and control of disease, and substance use and abuse. Qualified, trained teachers provide health education.

**Physical Education:** A planned, sequential K-12 curriculum that provides cognitive content and learning experiences in a variety of activity areas such as basic movement skills; physical fitness; rhythms and dance; games; team, dual, and individual sports; tumbling and gymnastics; and aquatics. Quality physical education should promote, through a variety of planned physical activities, each student's optimum physical, mental, emotional, and social development, and should promote activities and sports that all students enjoy and can pursue throughout their lives. Qualified, trained teachers teach physical activity.

**Health Services:** Services provided for students to appraise, protect, and promote health. These services are designed to ensure access or referral to primary health care services or both, foster appropriate use of primary health care services, prevent and control communicable disease and other health problems, provide emergency care for illness or injury, promote and provide optimum sanitary conditions for a safe school facility and school environment, and provide educational and counseling opportunities for promoting and maintaining individual, family, and community health. Qualified professionals such as physicians, nurses, dentists, health educators, and other allied health personnel provide these services.

**Nutrition Services:** Access to a variety of nutritious and appealing meals that accommodate the health and nutrition needs of all students. School nutrition programs reflect the U.S. Dietary Guidelines for Americans and other criteria to achieve nutrition integrity. The school nutrition services offer students a learning laboratory for classroom nutrition and health education, and serve as a resource for linkages with nutrition-related community services. Qualified child nutrition professionals provide these services.

**Counseling and Psychological Services:** Services provided to improve students' mental, emotional, and social health. These services include individual and group assessments, interventions, and referrals. Organizational assessment and consultation skills of counselors and psychologists contribute not only to the health of students but also to the health of the school environment. Professionals such as certified school counselors, psychologists, and social workers provide these services.

**Healthy School Environment:** The physical and aesthetic surroundings and the psychosocial climate and culture of the school. Factors that influence the physical environment include the school building and the area surrounding it, any biological or chemical agents that are detrimental to health, and physical conditions such as temperature, noise, and lighting. The psychological environment includes the physical, emotional, and social conditions that affect the well being of students and staff.

**Health Promotion for Staff:** Opportunities for school staff to improve their health status through activities such as health assessments, health education and health-related fitness activities. These opportunities encourage school staff to pursue a healthy lifestyle that contributes to their improved health status, improved morale, and a greater personal commitment to the school's overall coordinated health program. This personal commitment often transfers into greater commitment to the health of students and creates positive role modeling. Health promotion activities have improved productivity, decreased absenteeism, and reduced health insurance costs.

**Family/Community Involvement:** An integrated school, parent, and community approach for enhancing the health and well being of students. School health advisory councils, coalitions, and broadly based constituencies for school health can build support for school health program efforts. Schools actively solicit parent involvement and engage community resources and services to respond more effectively to the health-related needs of students.

# **2020 VISION: “*Changing the Face of Education in Fayette County*”**

## **WORK GROUP: Physical Health and Well-Being**

### **FINAL REPORT**

#### **Committee Members:**

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Tom Young

Tisha Maynard

Gelonda Zypper

**Number of Specific Recommendations:   8**

## **2020 VISION: “*Changing the Face of Education in Fayette County*”**

### **WORK GROUP: Physical Health and Well-Being**

**Group Recommendation Number:**   1  

**Specific Recommendation:** FCPS develop 5 School Health Councils to represent the 5 high schools and their feeder elementary and middle schools. Each of these Councils will have the charge to evaluate, plan, and implement programs in school health to improve the health and academic success of the schools it represents. This council will be composed of community members, school staff, health professionals, and youth. Each Council will have a budget to work with (\$50,000 a year) and the charge to leverage additional funding as needed and available.

**Research Rationale for how this change will help kids:** School Health Councils are recommended by the CDC and National Association of School Boards. Student success depends on not only quality instruction but on students being healthy and ready to learn. Each set of schools may have their own specific health needs and will need a structure to address these needs. Needs may vary from school to school and this model allows for local control. Issues could include additional mental health services, school nurses, targeted health education, obesity programs, etc.

**2020 VISION: “*Changing the Face of Education in Fayette County*”**

**WORK GROUP: Physical Health and Well-Being**

<b>Implementation Steps for Recommendation #1</b>	<b>Person Responsible for Completing Steps</b>	<b>Possible Resources?</b>	<b>Start Date</b>	<b>End Date</b>
The current School Health Advisory Council will develop and recommend to the School Board Council structures and membership guidelines	School Health Advisory Councils	None required	1/2006	5/2006
FCPS Administration designates leader for each of the 5 feeder systems	FCPS Administration	None	5/06	7/06
5 School Health Councils are recruited and begin to assess health needs of their schools	Appointed Council leaders	None	7/06	9/06
5 School Health Councils develop strategic plan, budget and implementation plan	Council Leaders	\$50,000 for each Council and additional revenues as needed	9/06	Annual
5 School Health Councils evaluate plans and progress	Council Leaders	None	5/06	Annual

## **2020 VISION: “*Changing the Face of Education in Fayette County*”**

### **WORK GROUP: Physical Health & Well-Being Sub-Group: Health Services**

**Group Recommendation Number:**   2  

#### **Specific Recommendation:**

Over a period of 3 budget years move the RN ratio to 1:750 (National Recommendation) vs. the current ration of 1:1900 (\*)

In FY 07 place an RN in each HS

In FY 08 place an RN in each Middle School

In FY 09 place an RN per 2 grade schools

\*Any school with an enrollment that exceeds 1000 students will additionally place a FT health aid to supplement the school nurse.

Accomplishing the above will allow the following benefits to the classroom teacher:

#### **Research Rationale for how this change will help kids:**

National standards of care cite the ratio of 1nurse to 750 students as the point of reference for the standard of care. References include Healthy People 2010, Recommendation Number 7-4; National Association of School Nurses Position Statement, Caseload Assignments, Revised, July 2004

The school nurse has a crucial role in ensuring access to health care for students, especially those lacking regular primary care providers and those with special needs. Reference: American Academy of Pediatrics Committee on School Health, The Role of the School Nurse in Providing Scholl Health Services, Pediatrics, Vol. 108, No. 5, November 2001

Local recommendations for meeting health needs of students by, among other things, the provision of a full time registered nurse in each school every day: Report on School Health Services, Lexington League of Women Voters, March 2001.

Research shows that school nurses impact the health of students and staff, which leads to increased attendance. Healthy students are better students and score well on standardized tests.

References:

- Study Links Health and Academic Achievement, School Health Professional, Vol. 9, No. 18, October 15, 2003
- Parents Support School-based Health Care, School Health Professional, Vol.9, No. 15, August 13,2003
- Kids at School, Nurses at Work, Lives at Stake: Inside a School Nurse's Practice, Honor Society of Nursing, Sigma Theta Tau International, Excellence in Nursing Practice, Fourth Quarter, 2003, Vol. 4, No. 4
- Maughn, Erin, The Impact of School Nursing on School Performance: a Research Synthesis, Journal of School Nursing, June 2003

Increasing numbers of students in Fayette County Public Schools increase the need for professional nurse services.

References:

- Statistics of Students with Chronic Health Needs, School Health Program, Lexington Fayette County Health Department
- Comparison Statistics, School Health Program, Lexington Fayette County Health Department, 1994-1995, 2004-2005

School nurses provide a variety of services to Fayette County Public Schools students.

References:

- Position Description, School Nurse, Lexington Fayette County Health Department, 1999
- Contract to Provide Services, Lexington Fayette County Health Department, Fayette County Public Schools, 2005-2006

**2020 VISION: “*Changing the Face of Education in Fayette County*”**

**WORK GROUP: Physical Health & Well-Being  
Sub-Group: Health Services**

**FINAL REPORT**

<b>Implementation Steps for Recommendation #2</b>	<b>Person Responsible for Completing Steps</b>	<b>Possible Resources?</b>	<b>Start Date</b>	<b>End Date</b>
Determine cost of step one for FY 07 (one nurse per high school)	LFCHD nursing and accounting	One half cost LFCHD, one half cost FCPS	11/15/2005	12/2005
Explore revenue sources	LFCHD, FCPS, possible community partners	Billing for services, grants, community partners	01/01/2006	03/01/06
Post positions, interview, hire	LFCHD, Human Resources and School Health		06/01/06	09/01/06

# **2020 VISION: “*Changing the Face of Education in Fayette County*”**

## **WORK GROUP: Physical Health & Well-Being Sub-Group: Health Services**

### **FINAL REPORT**

**Group Recommendation Number:**   3  

#### **Specific Recommendation:**

Expand the school based clinic model (multi-disciplinary model that includes an ARNP, RN, mental health counselor, health educator)

1. Expand multi-disciplinary team model at Cardinal Valley
2. Open a middle school clinic fed by current elementary schools w/school based clinics

#### **Research Rationale for how this change will help kids:**

Local statistics and article based on Harrison Healthy Kids Center show how a multi-disciplinary school based clinic can improve school outcomes.

References:

- Healthy Kids Clinic Attendance Data, 1995-1997
- Simpson, Kathij. And Young, Thomas L. The Harrison Healthy Kids Center: A Comprehensive Elementary School-based Health Program, Journal of School Health, March 1998, Vol.68, and No.3

A comprehensive school health program, based on the coordinated school health model has been shown to allow teachers to concentrate on education of students, supported by other services that meet students’ mental and physical health needs.

References:

- Cooper, Pat A Coordinated School Health Plan, Educational Leadership, September 2005
- Satcher, David, Healthy and Ready to Learn, Educational Leadership, September, 2005
- Tyson, Harriet, A Load off the Teachers’ Backs, Coordinated School Health Programs, Kappan Special Report, January, 1999

**2020 VISION: “Changing the Face of Education in Fayette County”**

**WORK GROUP: Physical Health & Well-Being  
Sub-Group: Health Services**

**FINAL REPORT**

<b>Implementation Steps for Recommendation #3</b>	<b>Person Responsible for Completing Steps</b>	<b>Possible Resources?</b>	<b>Start Date</b>	<b>End Date</b>
<b>I. Develop plan to transition CV to a comprehensive model e.g. Nurse Practitioner, School RN, Mental Health Counselor (PT), Health Educator (PT)</b>	School Based Clinics Advisory Committee, Health Department and UK College of Nursing	Billing for services: Medicaid and KCHIP through Health Department,	Dec 05	June 06
1. Meeting of stake holders <ul style="list-style-type: none"> <li>• Meet with UK CON re: goals</li> <li>• Define future role of UK CON in Center</li> </ul>			Dec 05	Feb 06
2. Plan for transition to comprehensive center <ul style="list-style-type: none"> <li>• Identify components of a comprehensive center</li> <li>• Identify present services offered at CV</li> <li>• Identify services needed to add to present CV center</li> <li>• Coordinate / contract for services</li> <li>• Establish date for implementation</li> <li>• Communicate plan to FC School Board, Principals, etc.</li> </ul>			March 06	May 06
3. Identify and secure funding for expansion to comprehensive center		Budgeted allocations; additional 60K	June 06	

<b>II. Expand elementary school clinics to middle school students, based on national coordinated school based clinic model</b>	HD, School Based Clinics Advisory Committee, UK school of RN		Jan 07	October 07
1. Collect data to assess feasibility of clinic and probable locations	Small Planning Team – LFCHD		First Qtr. FY 07	First Qtr FY 07
2. Build Business Plan for budget allocation and/or grant solicitation	Team	Budget support outside of revenue is approximately 100 – 125K dollars	2 – 3 rd Quarters 07	October 07
3. Initiate Service	Health Dept.		July 07	August 07

## **2020 VISION: “*Changing the Face of Education in Fayette County*”**

### **WORK GROUP: Physical Health and Well-Being Sub-Group: School Nutrition**

#### **FINAL REPORT**

**Group Recommendation Number:** 4

#### **Specific Recommendation:**

Develop state-of-the-art, adequately funded school lunch and breakfast program that models lifelong healthy eating practices by providing tasty, nutritious meals in a comfortable, relaxed environment.

#### **Research Rationale for how this change will help kids:**

##### **Good nutrition improves academic performance:**

- Improved nutritional status has a positive and immediate impact on student academic performance. Children not getting adequate nutrients have lower test scores. Even transient hunger from missing a meal affects performance. (*Politt, E., Journal of the American Dietetic Association, Oct 1995. 95(10) pp 1134-39.*)
- Healthy, well-nourished children are more prepared to learn and more likely to attend school. Students with poor nutritional and weight problems have a higher prevalence of conditions that are frequent causes of absenteeism. (*The Learning Connection, Action for Healthy Kids, 2004.*) Each time a student is absent the district loses \$20 from the Kentucky Department of Education.
- One study found that students who ate breakfast showed a general increase in math grades and reading scores, increased attention, reduced nurse visits and improved behavior. Students who skip breakfast pay less attention in late morning, have a negative attitude toward school work and attain less in class. (*Murphy, J. et al, Archives of Pediatric Adolescent Medicine, 1998, 152, pp 899-907 and The relationship of school breakfast and learning, Minnesota Department of Children Families, School Breakfast Programs Energizing the Classroom, 1998.*)

### **Schools should improve, rather than contribute to, the obesity epidemic and poor nutritional status of children:**

- Rates of obesity have doubled in children and tripled in teenagers over the last two decades. (*Ogden, C. et al, Journal of the American Medical Association, 2002, 02(288) pp 1728-32*)
- 25% of Fayette County Public School kindergarteners were overweight or at risk of becoming overweight in 2002-2003 school year. 29% of African American students and 37% of Latino students fell in this category. (*Lexington-Fayette County Health Department, 2003*).
- 41% of Fayette County Public School 6<sup>th</sup> grade students were overweight or at risk of becoming overweight in 2002-2003 school year. (*Lexington-Fayette County Health Department, 2003*).
- Only 2% of children (2-19 years) meet the USDA's five main recommendations for a healthy diet. (*Munoz, K., et al., Pediatrics, 1997, vol 100, pp 323-329*).
- One quarter of children, ages 5 to 10 years, show early warning signs for heart disease. (*Friedman, D., et al. Pediatrics 1999, vol 103, pp 1175-82*).
- Only 13% of Kentucky high school students eat five or more servings of fruits and vegetables a day, compared with 21% nationally. (*Youth Risk Behavior Survey, Kentucky Department for Public Health and Centers for Disease Control, 2001, 2003*).

### **Schools have a responsibility to practice what they teach:**

- Serving poor nutrition foods in schools contradicts nutrition and sends the message that good nutrition is unimportant. (*USDA, Foods Sold in Competition with USDA School Meals Program: A Report to Congress, Jan 12, 2001*).
- Currently Fayette County Public School students get 15-30 minutes for lunch. Lines are often long and reduce the time students have to sit and eat their meals. In some cases, cafeteria overcrowding and standing in long lunch lines reduces the time students actually sit and eat to 5-10 minutes.
- Booker T Washington Academy has instituted nutrition guidelines, which include using whole grains, more fresh fruits and vegetables, low fat plain milk and no added sweets or trans fat. Thus far the program has been well received. Participation in the lunch program has increased and parents have reported surprise that their children are eating foods like spinach salad, whole grain rolls and unflavored milk.

### **School food service needs adequate funding to do the job right:**

- Fayette County Public Schools charges the School Food Service Program building rent, dumpster fees, heating and cooling costs, employee insurance, etc. No other school program is required to pay these types of expenses. These expenses undermine the ability of the program to provide nutritious, appealing meals.

- The money available is not adequate to cover labor and food costs to provide nutritious, quality meals. Staff must cut corners in many ways that affect meal quality. More time-consuming food preparation techniques consistent with good nutrition practices are often not possible because there is not adequate staff time.
- The federal government reimburses the school food service \$.22 per lunch for full paying students, \$1.92 for students who receive reduced price meals and \$2.32 for students who receive free meals. The program currently receives no financial support from the district.

**2020 VISION: “Changing the Face of Education in Fayette County”**

**WORK GROUP: Physical Health and Well-Being  
Sub-Group: School Nutrition**

**FINAL REPORT**

<b>Implementation Steps for Recommendation #4</b>	<b>Person Responsible for Completing Steps</b>	<b>Possible Resources?</b>	<b>Start Date</b>	<b>End Date</b>
Assure that each student gets no less than 20 minutes <b>to sit and eat</b> lunch every day. Stagger lunch schedules to reduce cafeteria crowding and adapt food delivery systems to reduce waiting time for meals.	Principal, Food Service Director, Cafeteria Manager and Staff	Successful scheduling and food delivery systems from FCPS and other districts	Fall 2006	January 2007
‘A la carte items’ (foods sold in addition to the reimbursable meals in the cafeteria line) meet the KY Department of Education vending guidelines: no more than 30% calories from fat and no more than 32% sugar by weight.	Food Service Director, Cafeteria Manager	Successful school programs from around state and country that have set nutrition guidelines for a la carte items	Fall 2006	January 2007
Enhance federal food guidelines to include: a gradual reduction of fried foods (as funds allow to replace equipment) with no foods fried on site by 2010, no high fat/high sugar breakfast pastries, half of the grains served are whole grains, fresh fruits and vegetables offered daily and only water, 1% or less milk and 100% fruit / vegetable juices.	Food Service Director, Cafeteria Manager and Staff	FCPS funding, Successful programs around state and country that have adopted similar nutrition principles	Fall 2006	Fall 2007
Provide adequate cafeteria staffing to be able to prepare nutritious/appealing meals. Train cafeteria staff in culinary practices and marketing principles used by commercial food services. Implement marketing principles of improved product, place and promotion to increase sales.	Food Service Director, Cafeteria Manager	FCPS funding; Sullivan University Culinary Arts Program; University of KY food service and business marketing programs; local chefs; nutrition, culinary and food industry consultants;	Fall 2006	Fall 2008

		local marketing firms.		
Develop partnerships with local farmers to serve more KY produce, creating a “Farm to School” program.	Food Service Director, Cafeteria Manager	FCPS funding, Lexington Farmer’s Market; KY Department of Agriculture; UK Farm to School consultants; Community Farm Alliance: successful farm to school programs around country and state	Fall 2007	Fall 2008
Enhance all FCPS cafeteria environments with more comfortable seating and improved interior design to reduce institutional environment.	Principal, Chief Financial Officer, School Committee	FCPS funding; SBDM; ad hoc school cafeteria subcommittee; PTA; local restaurants, designers and architects; grants, Sullivan University Culinary Arts Program; University of KY food service training program, art department and interior design department. Various groups could “adopt a cafeteria” to enhance environment and food delivery system. (Designer’s Showcase)	Fall 2007	Fall 2011
Enforce limitations that don’t allow students to leave campus.	Principal, School Faculty and Staff		Fall 2006	Ongoing
Provide additional funds that would allow FCPS food service to provide a healthier school nutrition environment.	Fayette County Board of Education, Superintendent	FCPS Budget; Grants	Fall 2006	Ongoing
Develop cafeteria-monitoring checklist and assess progress on a regularly scheduled basis.	2020 Nutrition subcommittee develops checklist; SBDM Councils monitor and report to		Fall 2006	Ongoing

	Board yearly			
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## **2020 VISION: “*Changing the Face of Education in Fayette County*”**

### **WORK GROUP: Physical Health and Well-Being Sub-Group: School Nutrition**

#### **FINAL REPORT**

**Group Recommendation Number:**   5  

#### **Specific Recommendation:**

The Coordinated School Health Director, with the support of a committee with district wide representation, will create a *Nutrition Integrity Policy* that addresses the practice of using empty calorie foods as rewards for good behavior and academic performance and uses poor nutrition foods for school fundraising.

#### **Research Rationale for how this change will help kids:**

##### **Current practices support obesity and poor nutritional status of children:**

- 88% of Kentucky schools use empty calorie foods to reward students according to a 2002 survey. Candy, soft drinks, pizza and ice cream were the four most common student rewards listed by survey respondents. (*KY Department for Public Health 2002*)
- The prevalence of high fat and high sugar foods outside of school doesn't negate the positive effects school can make. School-based nutrition programs have shown behavioral and physiological improvement. (*Successful Students through Healthy Food Policies, California School Boards Association, p.6.*)
- American children, in general, are over fed but undernourished, meaning that they eat more calories than they need but are lacking in important nutrients such as calcium, iron, zinc and B vitamins.
- 25% of Fayette County Public School kindergarteners were either overweight or at risk of becoming overweight in 2002-2003 school year. 29% of African American students and 37% of Latino students fell in this category. (*2003 Lexington Fayette County Health Department 2003*)
- 41% of Fayette County Public School 6<sup>th</sup> grade students were either overweight or at risk of becoming overweight in 2002-2003 school year. (*2003 Lexington Fayette County Health Department 2003*)

**Current practices are counterproductive and inconsistent with the best practices in teaching:**

- Rewarding students with empty calorie foods sends them a mixed message, increases their preferences for these foods, confuses their ability to respond to hunger and satiety cues and has been linked to obesity and disordered eating. (*Baxter, S. Journal of School Health, Mar1998. vol 68(3) pp 111-113. and Birch, L., Developmental Psychology, 1990, vol 26(4) pp.515-519.*)
- External reward systems teach children to do tasks based on what they receive as opposed to the inherent value of the task and is inconsistent with best practices in teaching.

**2020 VISION: “*Changing the Face of Education in Fayette County*”**

**WORK GROUP: Physical Health and Well-Being  
Sub-Group: School Nutrition**

**FINAL REPORT**

<b>Implementation Steps for Recommendation #5</b>	<b>Person Responsible for Completing Steps</b>	<b>Possible Resources?</b>	<b>Start Date</b>	<b>End Date</b>
The Coordinated School Health Director will convene a district wide representative committee to develop a Nutrition Integrity Policy to be adopted by schools that addresses the use of food as reward, birthday parties and food fundraising.	Coordinated School Health Director, committee members, principals and faculty	Policies from other states: Michigan, Mississippi, Texas, nutrition consultants in community; Health Department Nutritionists	Fall 2006	Fall 2007

## **2020 VISION: “*Changing the Face of Education in Fayette County*”**

### **WORK GROUP: Health and Physical Well-Being Sub-group: Physical Education – Physical Activity**

#### **FINAL REPORT**

**Group Recommendation Number:**   6  

#### **Specific Recommendation:**

Provide a quality K-12 physical education program implemented by certified physical educators. These physical educators will also be trained to promote physical activity during physical education, in the classroom, during recess, and outside of school. These educators will also work to establish a physically active school environment. Each school’s physical education program will be allocated \$1000 per year for equipment and other materials necessary to effectively implement quality physical activity programs.

#### Elementary

- Consistent with meeting SB 172, 30 minutes of cumulative physical activity is offered daily.
- In addition to physical education, physical activity should come in the form of recess, active breaks, and kinesthetic learning experiences in the classroom.

#### Middle School

- Require eighteen weeks of physical education per year grades 6-8.
- Provide an additional eighteen weeks of physical education (e.g., fitness, strength training, team activities, individual activities, etc.) opportunities per year as an elective for grades 6-8.
- The focus of the physical education program should emphasize skills necessary to engage in lifetime activities.
- Time should be allocated each day for physical activity breaks. Examples include supervised open gyms before, during, and after school.

#### High School

- Physical Education Requirement (P.E. I) in the 9<sup>th</sup> grade with an emphasis on fitness and lifetime activities.

- Provide yearly physical education (e.g., fitness, strength training, team activities, individual activities, etc.) opportunities as an elective that will give the student a focus on mental, physical, and social skills to engage in lifetime activities.
- Time should be allocated each day for physical activity breaks. Examples include supervised open gyms before, during, and after school.

**Research Rationale for how this change will help kids:**

- \* Healthier students perform better academically and physically active children are healthier (California Department of Education, 2005; USDHHS, 1996)
- \* Providing time for physical education does not decrease and may increase academic achievement by improving health, behavior, self-esteem and attentiveness (Sallis, et al, 1999; Sibley and Etnier, 2003; Pellegrini, et al 1995; Tomporowski, 2003)
- \* Quality physical education can contribute significantly to a child's total daily physical activity (Morgan, Beighle, & Pangrazi, 2005)
- \* Recess can be significant source of physical activity for children (McKenzie, et al 1997)
- \* Quality physical education programs must be taught by quality physical education instructors trained to promote physical activity in physical education, throughout the school day, and outside of school (NASPE, 1994)
- \* Schools have been identified as a prominent location for physical activity promotion not just for children but for the entire community. (USDHHS & USDE, 2000; USDHHS, 2000)
- \*The need for physical education has been identified as a public health concern. (Cone, 2004; USDHHS, 2000)
- \*Physical education can be used to enhance student literacy (Buell & Whittaker, 2001)
- \* Physical activity and physical education are effective tools for working with at risk youth. (Knop, Tananehill, & O'Sullivan, 2001)
- \*Student attitudes towards physical activity can be improved during quality physical education. (Wiggins, et al., 2001)
- \*Schools are an optimal setting for physical activity promotion. (Rutherford, 2003)

**2020 VISION: “Changing the Face of Education in Fayette County”**

**WORK GROUP: Health and Physical Well-Being  
Sub-group: Physical Education – Physical Activity**

**FINAL REPORT**

<b>Implementation Steps for Recommendation #6</b>	<b>Person Responsible for Completing Steps</b>	<b>Possible Resources?</b>	<b>Start Date</b>	<b>End Date</b>
Develop a physical education coordinating committee (PECC) comprised of K-12 physical education teachers and administrators. A subcommittee for elementary, middle school, and high school will be chaired by a PECC member.	University of Kentucky Kinesiology Faculty (UKKF) and Fayette County Public School Personnel	University of Kentucky College of Education (UKCOE)	Spring 2006	Fall 2006
Develop and implement a quality physical education curriculum K-12.	PECC and UKKF	UKCOE	Fall 2006	Spring 2008
Provide PD for all levels of physical education and resources for travel to state physical education convention	PECC and UKKF	UKCOE & KAHPERD	Spring 2006	On Going
Generate strategies for physical education teachers to promote physical activity (PA) in school.	PECC and UKKF	UKCOE, Existing kinesthetic learning programs	Spring 2006	On Going
Develop and implement ideas for collaboration between the community and schools to foster an active community.	PECC, physical educators, community leaders, and UKKF	UKKF, Central Kentucky YMCAs, Parks & Recreation, and Extension Services	Spring 2006	On Going
Continuously monitor the impact the above changes have on student physical activity levels, health, and academic achievement.	PECC, UKKF, principals, teachers, and parents	UKKF	Fall 2006	On Going
Develop a physical education practicum program and use practicum students to assist K-12 physical educators in planning and implementing physical activity and physical education programs.	PECC and UKKF	UKKF and undergraduate kinesiology (exercise science and teacher education) students	Fall 2006	On Going

## **2020 VISION: “*Changing the Face of Education in Fayette County*”**

### **WORK GROUP: Physical Health and Well-Being Sub-Group: Health Education**

#### **FINAL REPORT**

**Group Recommendation Number: 7**

#### **Specific Recommendation:**

- Every FCPS will have a planned, sequential, skills-based, comprehensive, P-12 health education\*curriculum that provides every student:
  - At each elementary school grade, a minimum of 50 hours of health education instruction
  - At each middle school grade, a minimum of 50 hours of health education instruction taught by a certified health education teacher
  - At each high school grade, a minimum of 50 hours of health education instruction taught by a certified health education teacher

#### **\*DEFINITION OF COMPREHENSIVE SCHOOL HEALTH EDUCATION**

Comprehensive School Health Education (CSHE) is one of the eight components of the Coordinated School Health Program (CSHP) model. CSHE consists of a planned, sequential, curriculum that addresses the physical, emotional, mental, and social dimensions of student health. A CSHE program is designed to enable students to develop the knowledge, skills and attitudes necessary for health-related problem solving and informed decision-making. The purpose of CSHE is to motivate and assist students to maintain and improve their personal, family and community health, prevent disease, and reduce health-related risk behaviors. Comprehensive School Health Education is tailored to each age level and a comprehensive curriculum includes the following topics:

- Personal Health (including physical activity, exercise & physical fitness)
- Nutrition
- Mental and Emotional Health
- Unintentional Injury Prevention and Safety

- Alcohol, Tobacco and Other Drug Use and Abuse
- Prevention and Control of Communicable and Chronic Diseases and Disorders
- Community Health
- Consumer Health
- Environmental Health
- Family Health and Human Sexuality Education

**Research Rationale for how this change will help kids:**

**I. CHILDRENS' HEALTH AND HEALTH EDUCATION IMPROVES STUDENT ACHIEVEMENT**

- Research confirms that investing in children's health and well being raises academic achievement. (*American School Board Journal* (2004), Vol. 191, No. 3.)
- Schools that enhance child skill development through health education, parenting classes, and teacher training see increases in student achievement (Hawkins, J.D. et al. "Preventing Adolescent Health Risk Behavior by Strengthening Protection During Childhood." *Archives of Pediatrics and Adolescent Medicine*, 153(3) (1999): 226-34. )
- Research shows that schools with a systematic, coordinated, and integrated approach to student health have fewer incidences of behavioral problems, improved school attendance rates, enhanced interpersonal relationships and higher student achievement. (Association for Supervision and Curriculum Development, *Education Week*, January, 2002)
- Reading and math scores of third and fourth grade students who received comprehensive health education were significantly higher than those third and fourth grade students who had not received comprehensive school health education. ((Schoener, Guerrero, & Whitney. (1988). The effects of the Growing Healthy program upon children's academic performance and attendance in New York City. *Report from the Office of Research, Evaluation and Assessment to the New York City Board of Education*)
- CHKS study states, "research studies and reviews over the past decade have consistently concluded that student health status and achievement are inextricable intertwined. Incorporating health and prevention programs into the school improvement efforts produces positive achievement gains." ([http://www.wested.org/chks/pdf/using\\_the\\_chks.pdf](http://www.wested.org/chks/pdf/using_the_chks.pdf), \_\_\_\_\_ retrieved, 9/16/2005.)
- Research shows that effective health education also helps students do better in their other studies (Schoener, Guerrero, & Whitney. (1988). The effects of the Growing Healthy program upon children's academic performance and attendance in New York City. *Report from the Office of Research, Evaluation and Assessment to the New York City Board of Education*)

- NEA states that positive health status has been linked to many aspects of academic achievement including improved test scores, retention and decreased absenteeism. (<http://neahin.org/programs/childhealth/index.htm>, retrieved 9/16/2005)
- CHKS study states, “It is likely that academic improvement efforts will be more successful when schools strive to promote the health and wellbeing of their students,.” (<http://www.wested.org/chks/pdf/factsheet.pdf>, retrieved, 9/16/2005)
- Council of Chief State School Officers (CCSSO) states that” Schools have the potential to help students develop the skills to be healthy and therefore achieve academically.” ([http://www.ccsso.org/Projects/school\\_health\\_project/addressing\\_the\\_challenges/6493.cfm](http://www.ccsso.org/Projects/school_health_project/addressing_the_challenges/6493.cfm), retrieved 9/16/2005)
- California Healthy Kids Survey (CHKS) states that, “results suggest that addressing the health and developmental needs of youth is a critical component of a comprehensive strategy for meeting the accountability demands for improved academic performance.” (<http://www.wested.org/chks/pdf/factsheet3ez.pdf> , retrieved, 9/16/2005)
- CCSSO states that “Students taking health education courses have increased their health knowledge and skills and decreased risky behaviors. Participation has also been associated with higher reading and math scores.” ([http://www.ccsso.org/Projects/school\\_health\\_project/addressing\\_the\\_challenges/6493.cfm](http://www.ccsso.org/Projects/school_health_project/addressing_the_challenges/6493.cfm), retrieved, 9/16/2005)
- Research shows a correlation between positive health behaviors and increased student achievement. (*Journal of School Health*, August, 1997)
- Healthier students perform better academically and physically active children are healthier (*California Department of Education*, 2005; *USDHHS*, 1996)
- Ensuring students are safe, drug-free, healthy, and resilient is central to improving academic performance. (Hanson and Austin, 2002)
- In a study of 259 high-risk youth in grades 9 through 12 in the Pacific Northwest, participants in a life-skills class showed increased grade point averages (GPAs) across all classes while the GPAs of the control group stayed essentially the same..” ([http://www.wested.org/chks/pdf/using\\_the\\_chks.pdf](http://www.wested.org/chks/pdf/using_the_chks.pdf), retrieved, 9/16/2005)
- Healthy, active, and well-nourished children and youths are more likely to attend school and are more prepared and motivated to learn. <http://www.cde.ca.gov/eo/in/se/yr05healthychildrenwp.asp>, retrieved 8/10/2005)
- ASCD states that “Many research studies show that a comprehensive approach to teaching and learning works best. The relationship between student health and academic success, for example, is clear.” [http://www.ascd.org/portal/site/ascd/template.MAXIMIZE/menuitem.c00a836e7622024fb85516f762108a0c/?javax.portlet.tpst=818d37ec925d82800173fc1062108a0c\\_ws\\_MX&javax.portlet.prp\\_818d37ec925d82800173fc1062108a0c\\_viewID=article\\_view&javax.portlet.prp\\_818d37ec925d82800173fc1062108a0c\\_journalmoid=95bf290fc1fe5010VgnVCM1000003d01a8c0RCRD&javax.portlet.prp\\_818d37ec925d82800173fc1062108a0c\\_articlemoid=3dcf290fc1fe5010VgnVCM1000003d01a8c0RCRD&javax.portlet.begCacheTok=token&javax.portlet.endCacheTok=token](http://www.ascd.org/portal/site/ascd/template.MAXIMIZE/menuitem.c00a836e7622024fb85516f762108a0c/?javax.portlet.tpst=818d37ec925d82800173fc1062108a0c_ws_MX&javax.portlet.prp_818d37ec925d82800173fc1062108a0c_viewID=article_view&javax.portlet.prp_818d37ec925d82800173fc1062108a0c_journalmoid=95bf290fc1fe5010VgnVCM1000003d01a8c0RCRD&javax.portlet.prp_818d37ec925d82800173fc1062108a0c_articlemoid=3dcf290fc1fe5010VgnVCM1000003d01a8c0RCRD&javax.portlet.begCacheTok=token&javax.portlet.endCacheTok=token), retrieved, 9/16/2005
- Following the implementation of a Coordinated School Health Program, two middle schools receiving technical assistance reported that their Florida Comprehensive Assessment Test (FCAT) math scores improved by an average of 11.5 points and

their FCAT reading scores by an average of 15 points. Student attendance also increased at each school. (<http://www.healthinschools.org/education.asp> retrieved, 10/06/2005)

## II. **HEALTH EDUCATION IMPROVES STUDENTS' HEALTH KNOWLEDE, ATTITUDES, SKILLS AND HEALTH BEHAVIOR**

- Health education, when conducted properly, is effective in improving students' health knowledge, health skills and health practices (Marx, Wooley, & Northrop, 1998 *Health is Academic*; Kolbe, National Association of State Boards of Education, *The State Education Standard*, Autumn, 2002.)
- Health education that is at least 40-50 hours in length is effective in changing health behavior (Allensworth, *Journal of School Health*, 1993, Vol. 63, No. 1.)
- Due to size and accessibility of school age population, school health programs are one of the most efficient means of shaping our nation's future health, education, and social well-being. (CDC, <http://www.cdc.gov/programs/health01.htm>, retrieved 8/10/2005)

## III. **INCORPORATING COMPREHENSIVE SCHOOL HEALTH EDUCATION MEETS RECOMMENDATIONS OF VARIOUS GROUPS**

- Follows Centers for Disease Control recommendations (CDC, <http://www.cdc.gov/HealthyYouth/CSHP/>, retrieved 8/10/2005)
- Meets American School Health Association recommendations for comprehensive school health education (Allensworth, *Journal of School Health*, 1993, vol. 63, No. 1)
- CCSSO states that a 1999 study found that health standards received the highest rating among subject areas when American adults were asked what school subjects are definitely necessary. ([http://www.ccsso.org/Projects/school\\_health\\_project/addressing\\_the\\_challenges/6493.cfm](http://www.ccsso.org/Projects/school_health_project/addressing_the_challenges/6493.cfm), retrieved, 9/16/2005)
- Means of addressing Practical Living—Health Education for KY Core Content for Assessment, Program of Studies, KERA Goals & Academic Expectations (KDE, <http://www.education.ky.gov/KDE/Instructional+Resources/Curriculum+Documents+and+Resources/Teaching+Tools/Combined+Curriculum+Documents/default.htm?SUBMIT=Search>, retrieved, 8/10/2005)
- Association for Supervision and Curriculum Development adopted position statement:

- Successful learners are not only knowledgeable and productive but also emotionally and physically healthy, motivated, civically engaged, prepared for work and economic self-sufficiency, and ready for the world beyond their own borders.
- Because both emotional health and physical health are critical to the development of the whole child, ASCD believes that health should be fully embedded into the educational environment for all students.
  
- Health and learning:
  - is a multifaceted concept that includes the intellectual, physical, civic, and mental health of students.
  - provides coordinated and comprehensive health efforts that give students and staff effective teacher, school, family, community, and policy resources.
  - supports the development of a child who is healthy, knowledgeable, motivated, engaged, and connected.
  - is the reciprocal responsibility of communities, families, schools, teachers, and policy makers.

[http://www.ascd.org/portal/site/ascd/menuitem.1f07a81af3aa4bb6dd1b2110d3108a0c/#The\\_Whole\\_Child](http://www.ascd.org/portal/site/ascd/menuitem.1f07a81af3aa4bb6dd1b2110d3108a0c/#The_Whole_Child)  
retrieved 9/16/2005)

**2020 VISION: “*Changing the Face of Education in Fayette County*”**

**WORK GROUP: Physical Health and Well-Being  
Sub-Group: Health Education**

<b>Implementation Steps for Recommendation #7</b>	<b>Person Responsible for Completing Steps</b>	<b>Possible Resources?</b>	<b>Start Date</b>	<b>End Date</b>
Appoint Coordinator of Coordinated School Health Programs OR Assign coordinating duties of entire CSHP to one FCPS staff person and each component of CSHP to FCPS staff	Superintendent of FCPS		1/2006	
Develop district health education coordinating committee (DHECC) comprised of health education teachers	Coordinator of CSHP and Individuals assigned Coordinating Duties		1/2006	
Implement a planned, sequential, skills-based comprehensive, grades K-12 health education curriculum	DHECC, FCPS health educators, UK faculty & other university based health educators	UK faculty & other university based health educators, Grants, Voluntary and official health agencies	1/2007	
Align health education curriculum with National Health Education Standards (if necessary)	DHECC, FCPS health educators	DHECC, FCPS health educators, UK faculty, and other university/college based health educators	1/2007	
Provide PD for all teachers to integrate health education in all grades	DHECC, FCPS health educators, UK faculty & other university based health educators	DHECC, FCPS health educators, UK faculty, other university/college based health educators	1/2007	
Provide PD for health education teachers to implement direct health instruction in their classrooms	DHECC, UK faculty & other university based health educators	UK faculty, University/college based health educators, Professional Health education organizations	1/2007	

Continuously monitor the impact the above changes have on the health and academic achievement of all students	DHECC, UK faculty & other university/college based health educators, principals, teachers, parents, others		1/2007	
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## **2020 VISION: “*Changing the Face of Education in Fayette County*”**

### **WORK GROUP: Physical Health and Well-Being Sub-Group: School Environment**

#### **FINAL REPORT**

**Group Recommendation Number: 8**

#### **Specific Recommendations:**

School environment will be designed and managed to incorporate features that enhance learning as well as optimize the physical, mental and social well being of students and staff.

1. Implement Principles of Positive Youth Development, school connectedness and positive school climate.
2. Ensure a daily period of recess everyday for all children. Do not use recess as part of behavioral modification strategies.
3. Enforce No Smoking policies in schools and at all school functions.
4. Integrate use of Healthy Built Design principles in architectural plans including provisions for adequate outdoor green space and where possible, links to public parks and green spaces.

#### **Research Rationale for how this change will help kids:**

##### **School Climate Issues:**

- Recess is associated with improved attention in school and supports a positive school climate. Children use recess as a time to learn socialization skills and experience autonomy during the school day. PE is an organized, structured period and may not provide a physical activity break in the middle of the day because of the necessity to schedule it throughout the day. In a controlled study, children were found to be more on task and less fidgety after a period of randomly assigned recess compared to a class that did not have recess: *IMPACT OF RECESS ON*

*CLASSROOM BEHAVIOR: GROUP EFFECTS AND INDIVIDUAL DIFFERENCES* , Jarrett, Olga S., Hoge, Pamela, Davies, Gwen, Maxwell, Darlene M., Yetley, Amy, Dickerson, Carrie, Journal of Educational Research, 00220671, Nov/Dec98, Vol. 92, Issue 2. This study also summarizes recess policies in other countries showing that countries such as Japan and Taiwan (which are commonly thought to have high achieving students) have many periods of recess throughout the day. Outdoor recess provides time for access to green space and natural light, both which contribute positively to student health and performance (see below). Many National Education Associations endorse the need for recess: see <http://www.geocities.com/recessplease/educators.html> for a list of groups endorsing recess and their position statements. Position statements from these National organizations state that denial of recess should not be used as a way of punishing or motivating students.

- When recess is given before lunch it leads to increased appetite and less food wastage, resulting in more alert and well nourished students. A study by the National Food Service Management Institute showed that food wastage decreased by 27-40% if recess was given before lunch, with more benefits if lunch was increased from 20 to 30 minutes (NFSMI Insight 24, 2004). Children eat more because they are not rushing through lunch to get to recess and are hungrier as well. Less time is spent at the lunch/class time transition than at the recess/class time transition because children are more ready to settle down after lunch than after recess.
- Positive school climate/connectedness (emotional and relationships climate) have been shown to improve academic success (Student perception of school climate predicted GPA for all student demographic groups Buckley et al. "The Impact of School Climate" 2003): Perceptions of teacher relationships had significant positive effect of school achievement. Hudley, 2003 "Student Engagement, School Climate, and Future Expectations in High School", presented at Society for Research and Child Development 2003.
- Positive Youth Development (PYD) should be seen as an ongoing process in which all youth are engaged and invested. Youth interact with their environment and positive agents (e.g., youth and adults that support healthy development, institutions that create climates conducive for growth, programs that foster change) to meet their basic needs and cultivate assets. Through the youths' initiative (sometimes combined with the support of positive agents), momentum builds and youth who are capable of meeting basic needs challenge themselves to attain other goals; youth use assets to build additional psychological resources that facilitate growth. Ideally, PYD generates physical and psychological competencies that serve to facilitate the transition into an adulthood characterized by striving for continued growth. Positive youth development principles implemented in schools are associated with improved academics and decreased risk behaviors. This is primarily done through skill building and environmental-organizational change. There is a direct link between positive assets and school grades and reduced risk behaviors such as violence, smoking, and drug abuse. Wang, et al, 1997 "Learning Influences": Zins et al, "Building School Success through social and emotional learning", 2005. Search Institute has numerous evaluations of the positive impacts of PYD programming for youth.

- Smoking is the #1 preventable cause of death in KY. Enforcement of smoke free schools leads to less adolescent smoking and decreases consequences of risk of second hand smoke. NCI Secondhand Smoke: Questions and Answers Cancer Facts [www.cancer.gov](http://www.cancer.gov)

### **Building Design Issues:**

- Asthma is the number one cause of absenteeism in schools. Chemical pollution off gassing from building materials combined with poor air circulation contributes to increases in asthma, poor concentration, irritability and illness. Providing healthy indoor air improves ability to concentrate and learn and decreases absenteeism due to asthma and allergies. (EPA Indoor Environments Publication: Indoor Air Quality and Student Performance August 2003) <http://www.aerias.org/uploads/Linking%20IAQ%20and%20Asthma%20in%20Schools.pdf>
- Natural lighting in classrooms improves test scores and student performance, increases attendance and saves on utility costs (ASHRAE Journal, June 2002). Specific building design and window glass reduces glare and optimizes incoming light [www.cnn.com/TECH/9606/06/daylight.school/](http://www.cnn.com/TECH/9606/06/daylight.school/)
- Research demonstrates that children with ADHD function and attend better after green space exposure verses paved playgrounds and have reduced attention deficiency symptoms. (American Journal of Public Health, Sept 2004, Vol. 94, Issue 9; Environment and Behavior pp54-78 Jan 2001) This same study suggests that exposure to green space reduces mental fatigue and increases ability to focus in all children.

## **2020 VISION: “*Changing the Face of Education in Fayette County*”**

### **WORK GROUP: Physical Health and Well-Being Sub-Group: School Environment**

#### **FINAL REPORT**

<b>Implementation Steps for Recommendation #8</b>	<b>Person Responsible for Completing Steps</b>	<b>Possible Resources?</b>	<b>Start Date</b>	<b>End Date</b>
Develop school policies assuring at least one period of recess per day, preferably before lunch. Discontinue the use of recess as a form of behavior modification and find other means to discipline and teach responsibility to students. Consider recess for middle school as well – shorten “AL” in order to give students a break later in the day.	FCPS Administration, SBDM councils, parents		8/2006	On-going
Provide professional development for staff on principles of Positive Youth Development	FCPS Administration	Partner with Kentucky Child Now, Partners for Youth, and 4H Extension	7/2006	On-going
All schools have committees to implement Positive School Climate connectedness strategies	FCPS staff development, SBDM councils		7/2006	On-going
Enforce smoke free environments at all school and at all school functions. Offer periodic on site smoking cessation classes.	FCPS administrators and principals	Health Department	7/2006	On-going
Develop a committee of school and community recreation agencies to incorporate utilization of nearby green spaces into the school day and add green spaces to schools where possible	FCPS Administration, Parks and Recreation		7/2006	On-going
Use building design and materials that enhance air quality and learning environment in schools. (Natural lighting, low toxicity and VOC paints, carpeting and building materials).	School architects, contractors, FCPS Administration	County government, elected officials, school architects, health department	1/2007	On-going

