Illinois Catch Onto Health Consortium:

A Whole Community, Whole School, Whole Child Strategy for Southern Illinois

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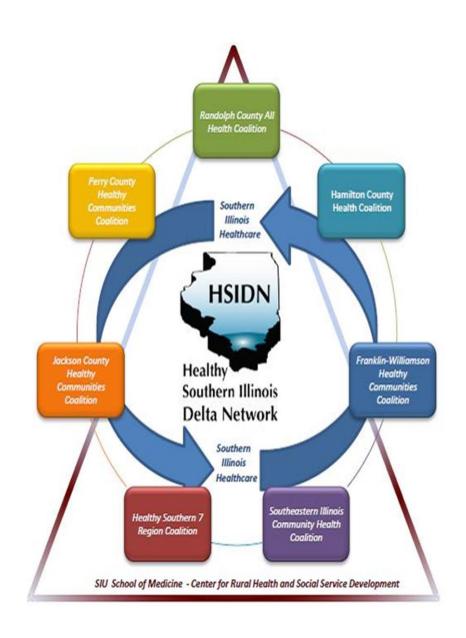


HEALTHY SOUTHERN ILLINOIS DELTA NETWORK

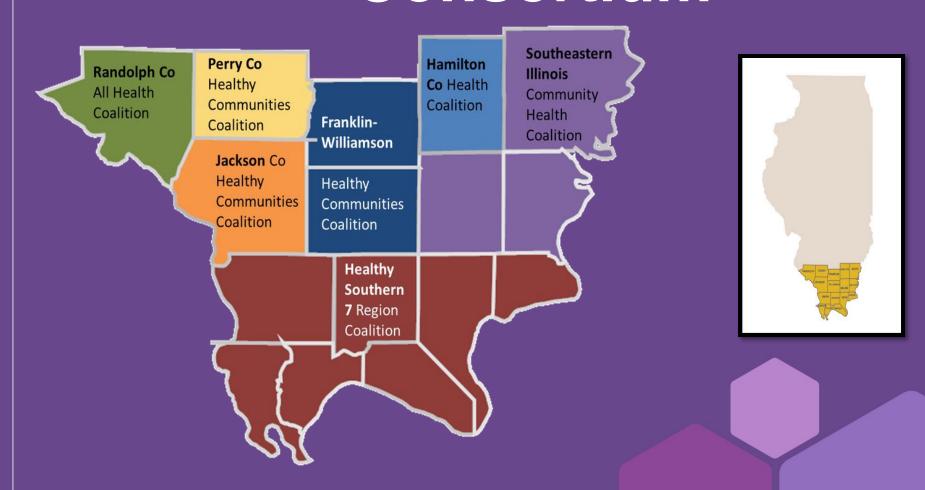
Mission: Transforming Southern Illinois into a Region that Supports and Enhances Healthy Living

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 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

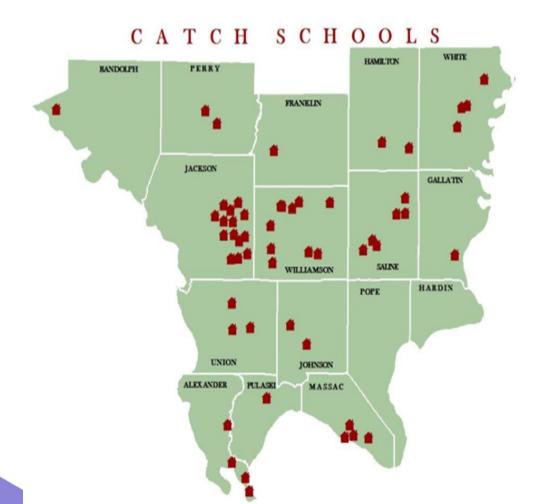
Mission

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



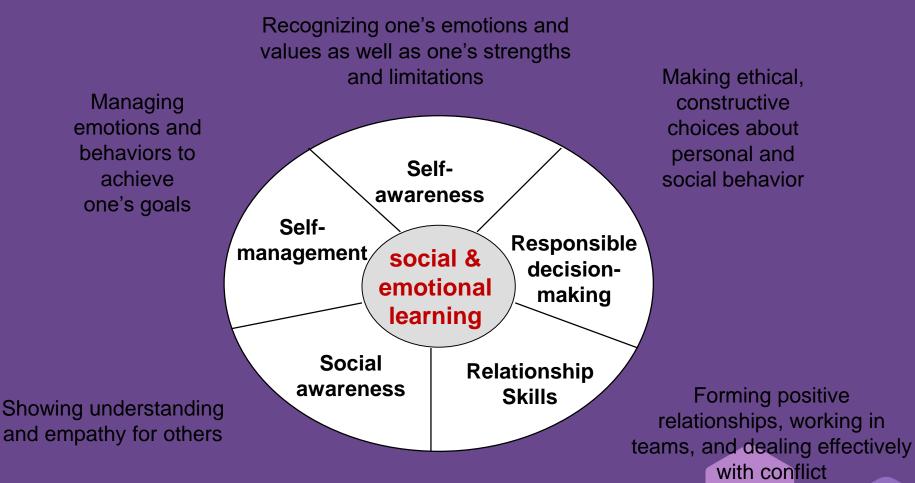
WORKING TOGETHER TO IMPROVE SOUTHERN ILLINOIS

Over 70 schools in the southern 16 counties have implemented at least one component of CATCH



World Café

What are the Core SE Competencies?



Graphic: CASEL

What Kind of Learning Environment Supports SEL?

One that is:

- Safe
- Caring
- Supportive
- Highly participatory
- Well managed
- Engaging
- High in behavioral and academic expectations

Why Should Schools Address SEL?

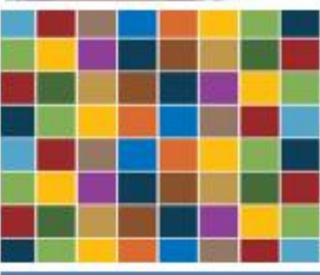
- Emotions affect how and what we learn
- Relationships provide a foundation for learning
- SE skills can be taught
- SE competencies are essential for academic achievement

healthy



safe





engaged

supported

challenged



Table 1: County Health Rankings (2014) – Health Outcomes and Factors – Southern Illinois Delta Counties											
POOREST HEALTH OUTCOMES		POOREST HEALTH FACTORS		POOREST HEALTH BEHAVIORS		POOREST CLINICAL CARE		POOREST SOCIAL AND ECONOMIC FACTORS		POOREST PHYSICAL ENVIRONMENT	
Alexander	# 1	Alexander	# 1	Alexander	# 2	Hamilton	# 1	Alexander	# 1	Randolph	# 3
Gallatin	# 2	Pulaski	# 2	Saline	# 3	Hardin	#3	Pulaski	#2	Johnson	# 4
Franklin	#3	Hardin	# 5	Massac	# 5	Gallatin	# 5	Hardin	#7	Pulaski	#8
Saline	# 4	Saline	# 8	Pulaski	# 7	Pulaski	# 9	Franklin	#9	Gallatin	# 9
Pulaski	# 5					Pope	# 10				
Massac	#6										
Hardin	# 9										



Table 2: County Health Rankings (2014) – Health Behaviors and Clinical Care – Southern Illinois Delta Counties											
SMOKING * *(BRFSS Round 5)	OBESIT	Υ	PHYSICAL INA	CTIVITY	DIABETIC SCREENING						
Number and Percent of Southern Illinois Delta Counties Worse Than Adult National Benchmark											
16/16 100%	16/16 10	00%	16/16 10	00%	14/16 88%						
National Benchmark 13%	National Benchm	ark 25%	National Benchm	ark 21%	National Benchm	ark 90%					
US Median 21%	US Median	30%	US Median	28%	US Median	84%					
Illinois 18%	Illinois	27%	Illinois	23%	Illinois	85%					
So. IL. Delta Counties Range 15.2% - 27.5%	So. IL. Delta Countie - 34%	_	So. IL. Delta Cour 23% - 32	_	So. IL. Delta Counties Range 79% - 91%						

http://www.countyhealthrankings.org/sites/default/files/resources/2013%20National%20Benchmarks.pdf, retrieved March 2016.

2014 IL Youth Survey - Illinois 16 Southernmost Counties (7 of 16 counties participating): 8th Grade

								TOTAL	Rural IL	
								Delta	Counties	ILLINOIS
Measure	Franklin	Jackson	Massac	Pulaski	Randolph	Saline	Union	Counties	2014	2014
Bullied by hitting, punching,										
kicking or pushing										
Hit, Punch, Kick, or Push - Number	24	42	26	10	51	37	21	211		
Hit, Punch, Kick, or Push - Percent	14.0%	19.0%	17.0%	25.0%	24.0%	19.0%	17.0%	19%	19%	15%
During the past 12 months did										
you ever - feel so sad or hopeless										
almost every day for two weeks										
or more in a row that you										
stopped doing some of your										
usual activities										
Sad or Hopeless - Number	52	58	49	17	67	65	38	346		
Sad or Hopeless - Percent	30.0%	27.0%	33.0%	45.0%	32.0%	34.0%	31.0%	31%	27%	28%



HEALTH STATUS OF CHILDREN

Obesity rates have tripled

Health Issues that are associated with

overweight and obesity

Heart Disease

- High Blood Pressure
- Diabetes
- Asthma
- Bone/Joint Issues
- Social and Emotional Health / Bullying
- Miss 3-4 times more school

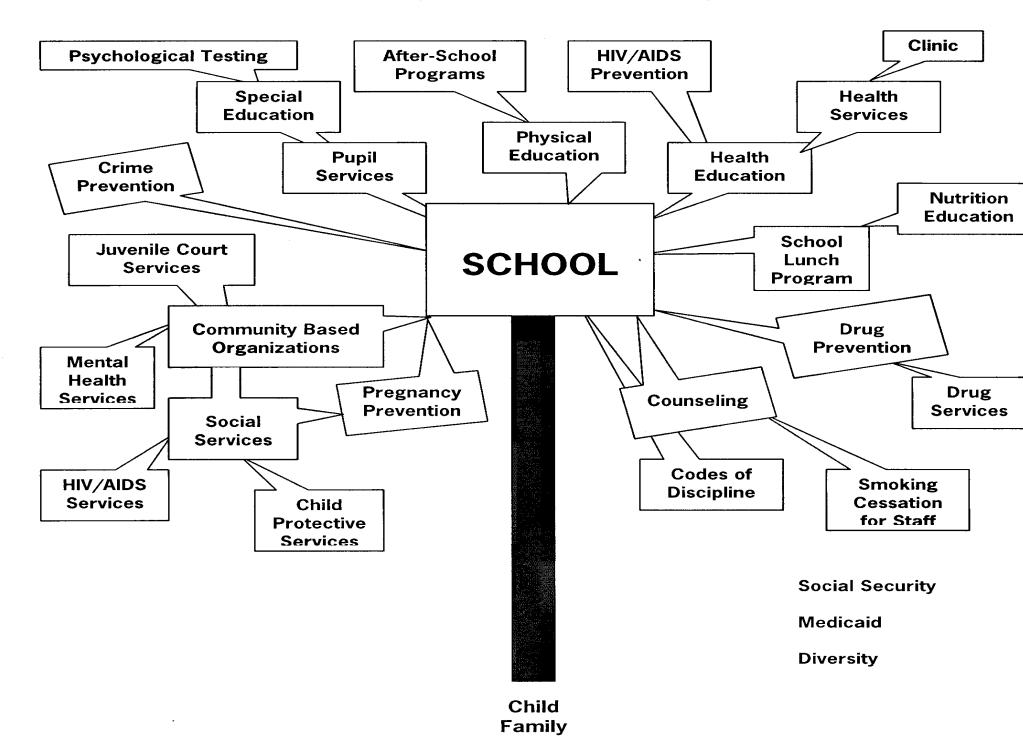


SOCIAL DETERMINANTS OF HEALTH

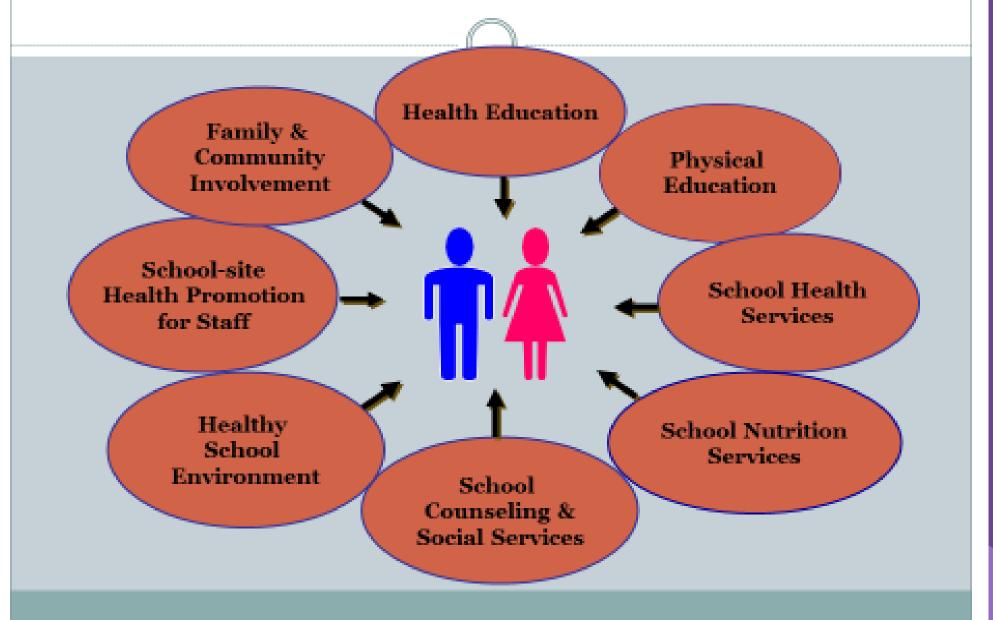
- Social determinants of health are factors in the social environment that contribute to or detract from the health of individuals and communities. These factors include, but are not limited to the following:
- Socioeconomic status
- Transportation
- Housing
- Access to services
- Discrimination by social grouping (e.g., race, gender, or class)
- Social or environmental stressors



An Example of an Uncoordinated System



Coordinated School Health Model







WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD



SIGNS OF SUICIDE



The goals of the SOS Program are to:

- Reduce suicide and attempts by increasing knowledge and adaptive attitudes
- Encourage individual help-seeking and helpseeking on behalf of a friend
- Reduce stigma: mental illness, like physical illness,
- requires treatment
- Engage parents and school staff as partners in prevention
- Encourage schools to develop community-based partnerships



SIGNS OF SUICIDE PROGRAM



Prevention through Education

Providing tools to help youth identify the signs and symptoms of depression, suicide, and self-injury in themselves and their peers





Mental Health First Aid is the initial help offered to a person developing a mental health or substance use problem, or experiencing a mental health crisis. The first aid is given until appropriate treatment and support are received or until the crisis resolves.











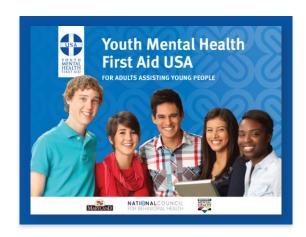


WHAT PARTICIPANTS LEARN

- Risk factors and warning signs of mental health and substance use problems
- Information on depression, anxiety, trauma, psychosis and substance use
- A 5-step action plan to help someone who is developing a mental health problem or in crisis
- Available evidence-based professional, peer and self-help resources







MENTAL HEALTH FIRST AID ACTION PLAN





Assess for risk of suicide or harm



Listen nonjudgmentally



Give reassurance and information



Encourage appropriate professional help



Encourage self-help and other support strategies

WHY MENTAL HEALTH FIRST AID?



Mental health problems are **COMMON.**

Learn how to **NOTICE** when someone needs help

STIGMA is associated with mental health problems.

Promote UNDERSTANDING.

PROFESSIONAL HELP is not always on hand.

Encourage community members to **SUPPORT ONE ANOTHER.**

Individuals with mental health problems often **DO NOT SEEK HELP**

Help more people **GET THE HELP THEY NEED.**

Many people are not well informed and don't know **HOW TO RESPOND.**

Learn how to **INTERVENE.** You might **SAVE A LIFE.**

4 REASONS TO BECOME A MENTAL HEALTH FIRST AIDER





BE PREPARED.

Just like you learn CPR, learn how to help someone in a mental health or substance use crisis.



YOU CARE.

Be there for a friend, family member or colleague. Learn how to start a conversation.





MENTAL ILLNESSES ARE COMMON.

1 in 5 people will experience one in a given year.

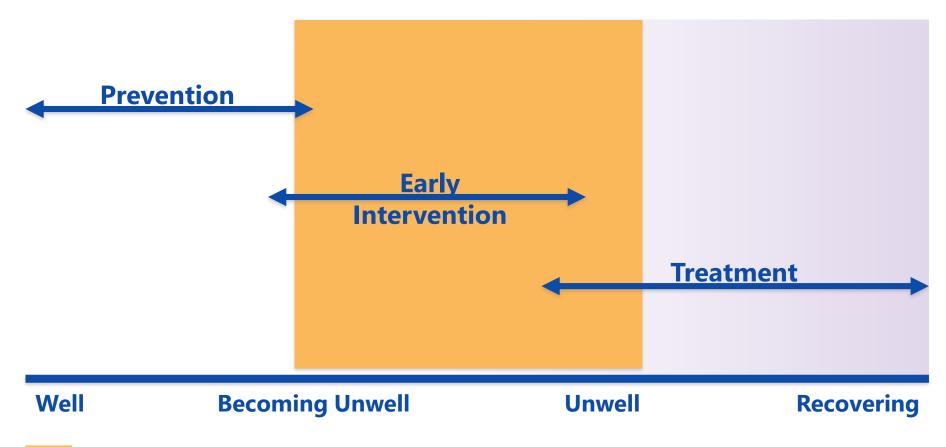


YOU CAN HELP.

People with mental illnesses often suffer alone. Learn when and how to step in and offer support.

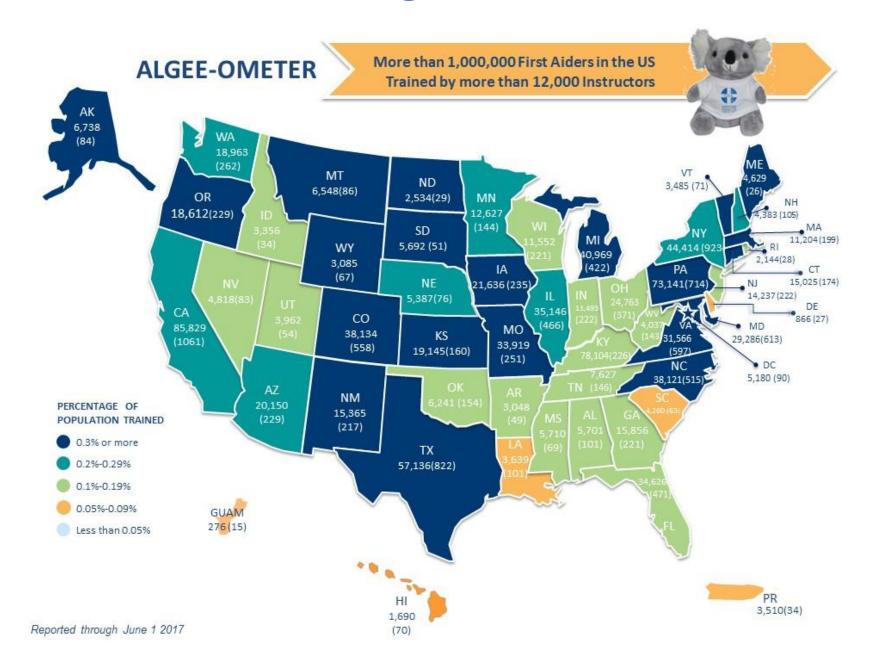
WHERE MENTAL HEALTH FIRST AID CAN HELP





Where Mental Health First Aid can help on the spectrum of mental health interventions

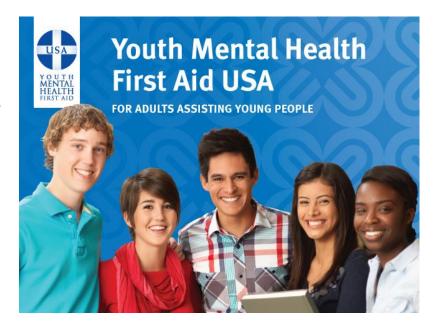
Who We're Reaching



YOUTH MENTAL HEALTH FIRST AID



- Introduces participants to the unique risk factors and warning signs of mental health problems in adolescents
- Builds understanding of the importance of early intervention
- Teaches individuals how to help an adolescent in crisis or experiencing a mental health challenge
- The course is designed for adults who regularly interact with adolescents (teachers, school staff, coaches, youth group leaders, parents, etc.)



ILLINOIS CATCH ON TO HEALTH CONSORTIUM



What hasn't changed?



C.A.T.C.H

(Coordinated Approach to Child Health)



WHAT IS CATCH?



 CATCH stands for Coordinated Approach To Child Health (formerly known as the Child and Adolescent Trial for Cardiovascular Health)

 It is part of a Coordinated School Health Program designed to prevent sedentary behavior, poor dietary choices, and tobacco use through changes at the elementary school level







Behavior change is influenced or determined by the environment –

because environments value and reward certain behaviors.

&

To address the obesity problem we need to affect an environmental change – to create an environment that teaches, reinforces and rewards physical activity and healthy eating habits.









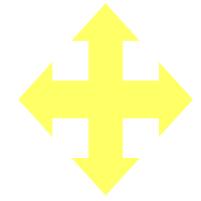
The CATCH Components

Classroom Curriculum



Physical Education







ChildNutrition



Family

CHILD NUTRITION

CATCH emphasizes the importance of creating an environment that encourages and supports healthy choices by coordinating healthy messages with teachers, administrators, parents, and the community.

Nutrition service utilizes the language of CATCH of GO, SLOW and WHOA foods.

GO describes foods that are whole grain, unprocessed fruits and vegetables, lowest in fat, contain no added sugar, and can be eaten daily. SLOW describes foods that are slightly processed and may have some added salt, fat or sugar. WHOA describes foods that have the highest fat and sugar.



FAMILY COMPONENT

- Family Fun Nights
- Newsletters
- Parent materials encourage reinforcement of healthy messages at home
- Role models
- Wellness Committee members



RAY AND THE SUNBEATABLES



Ray and the Sunbeatables™: A Sun Safety
 Curriculum created and developed by The
 University of Texas MD Anderson Cancer Center
 and disseminated by CATCH® Global Foundation.
 This evidence-based curriculum educates children,
 parents and teachers about sun protection and
 promotes sun safety behaviors in an effort to
 reduce children's lifetime risk of developing skin
 cancer.













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.



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

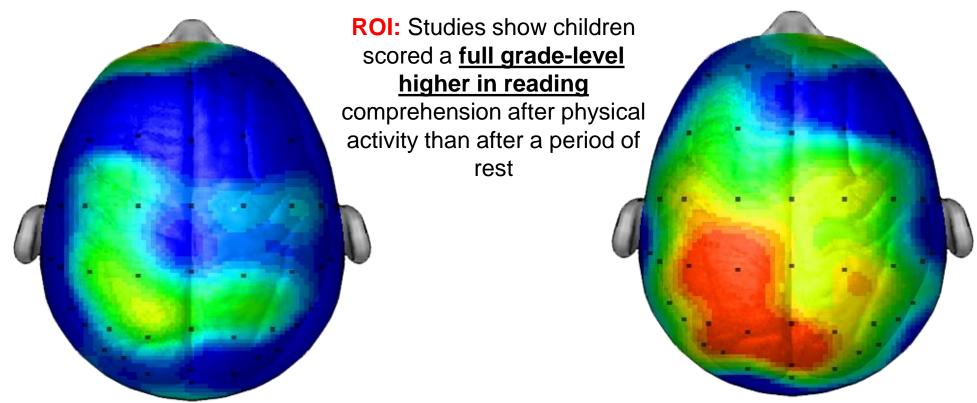
- Cognitive performance
- Ability to concentrate
- Memory
- Higher academic achievers

WHAT DOES THE RESEARCH SAY?



Brains after sitting quietly

Brains after 20 minute walk



Average composite of 20 student brains taking the same test

Research/scan compliments of Dr. Chuck Hillman University of Illinois: Hillman, C.H., et al. (2009) The effect of acute treadmill walking on cognitive control and academic achievement in preadolescent children. *Neuroscience*. 159(3):1044-54.

IMPROVES HEALTH

Helps students meet recommended 60 minutes of moderateto-vigorous physical activity (MVPA) per day.

Regular **MVPA** has been shown to:

Improve:

- Children's muscular strength & endurance, flexibility, and cardiovascular endurance
- Mental health
- Reduce stress
- Maintenance of healthy weight

Return on Investment: Kids that are less stressed are better behaved and more attentive.

Reduce risk of:

- Cardiovascular disease, type 2 diabetes, cancer and other chronic conditions
 - If current trends continue, 1 of 3 U.S. adults will have diabetes by 2050. CDC, 2011.

How can ICHC help you and your school community?



STRATEGIES FOR SUCCESS

- Formation of School Wellness Committee Meets on a regular basis
- Policy, Systems, and Environmental Focus
- CDC's School Health Index Assessment
- Develop Action Plan Wellness Policy Development
- Staff Wellness Programs
- Curriculum & Equipment Purchase
- Family Wellness Events Community Involvement Strategy
- Lesson Modeling
- Bullying Prevention / Social and Emotional Learning (Meta-Analysis)
- On-going Newsletters
- Student Involvement

STRATEGIES FOR SUCCESS

- Pre-Kindergarten Implementation
- Leverage funding
- After-School Component
- Professional Development Opportunities
 - OC.A.T.C.H. (Coordinated Approach to Child Health)
 - O Mental Health First Aid (Youth and Adult)
 - O Signs of Suicide
 - O Physical Education
 - O School Lunch Rock (Professional Development for School Chefs)
- Community Engagement i.e. Forums
- Marketing Campaign
- Farm-to-School / Local Farmer Engagement
- Summer Youth Programming
- Social Media / Website Resource

CONCLUSIONS AND RECOMMENDATIONS

- WSCC model enhances school connectedness, student health, staff and family wellness, and educational outcomes.
- CATCH demonstrated that behaviors such as eating foods high in saturated fat and physical inactivity can be changed.
- A coordinated school health program can be implemented in schools & it is possible to broadly disseminate a coordinated program.





Questions/Comments?

FOR MORE INFORMATION



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