



Health Association of
Niagara County Inc.

Grant Results Report – October 2008

BACKGROUND INFORMATION

Health Association of Niagara County Inc.

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Grant Title: Changing Children's Lives by Changing School and Community Health Paradigms

Grant Amount: \$150,000

Grant ID: 1589498

Period Covered by the Grant: 01/01/2007 – 12/31/2007

Foundation Program Officer: Sara Timen

ABOUT THE GRANTEE

The nonprofit Health Association of Niagara County, Inc. (HANCI) has served the New York towns of Lewiston, Lockport, Niagara, Niagara Falls, North Tonawanda, Pendleton, Ransomville, Sanborn, Wheatfield, and Youngstown for 80 years. HANCI provides caring, proactive, diversified programs and services that promote independence and a healthy lifestyle across generations.

Changing Children's Lives by Changing School and Community Health Paradigms

THE PROBLEM ADDRESSED

Children eat a number of their meals at school—sometimes breakfast, almost always lunch, and multiple snacks. Too often the food choices in school cafeterias and vending machines are unhealthy—processed, high in fat and sugar, and low in nutrients. Schools and after-school programs present an ideal opportunity to improve the foods children are offered, encourage healthier eating habits, and help reduce the prevalence of overweight and obesity among children and adolescents.

PURPOSE OF THE PROJECT

Recognizing that obesity in youth has lifelong negative effects, including increasing the likelihood of developing serious chronic diseases, such as diabetes and hypertension, this project sought to reduce obesity rates for Niagara-area children by identifying and recommending new school system policies and other environmental changes to promote healthy eating and increase physical activity.

In order to enable quantitative feedback on the effectiveness of these changes, the project implemented a Fitness Report Card, documenting basic information about students' health status.

HANCI had applied for a grant under a 2005 New York State Department of Health program to encourage kids to be active and eat healthy foods. When that initiative was delayed due to a changing political climate, Rev. Jimmy Rowe, Project Director for HANCI's Childhood Obesity Prevention Program, applied for the current grant. "We already had in place the infrastructure, capacity-building, and sustainability pieces, having worked with the school district in the past on our universal pre-K programs and afternoon Reading All-Stars Program," says Rowe.

UNDER THE GRANT

Assessment of School System Nutrition Policy and Practice

While the Niagara Falls School District had adopted a nutrition policy, it did not monitor how closely the policy was followed in its 14 schools. Project staff facilitated the review of the district's school nutrition policy and compared it to New York State guidelines.

State University of New York at Buffalo dietetic interns served as school liaisons for the project. They collected data on the nutritional value of foods offered in the schools, observed students' food choices, and interviewed food service staff. Among their findings:

- Protein, total fat, saturated fat, vitamin A, and calcium contents were higher than recommended levels; iron adequate; and vitamin C lower.
- Meal settings were pleasant, and students had adequate time to eat.
- Schools offered fresh fruits and vegetables “occasionally.”
- Non-nutritious foods were offered in all schools and particularly in the middle and high schools where coffee, cookies, candy, soda, chips, ice cream, and sugary beverages were available.
- Some fundraising activities involved the sale of less nutritious food items, such as cookies, candy, cupcakes, and pizza.
- While some marketing posters in schools encouraged healthy practices (drinking low-fat milk and eating breakfast), others promoted pizza, candy, and soft drinks.

Project staff recommended specific policy changes for each of 14 schools. (The school district now comprises 11 schools and 7,200 students.) They wrote and distributed 100 copies of this “Recommendations for Improvement” document to school administrators and school board members, food service directors, a District Wellness Committee, and the district-wide Parent Advisory Council.

Project staff developed nutrition education materials for distribution in the school, through the closed-circuit TV system, and to food service staff. Physical education

teachers received an in-service training on healthy snacks for participants in after-school sports.

Fitness Report Card

Some students received a Fitness Report Card, which includes a number of health measures:

- Body mass index.
- Results of an aerobic ability test called PACER, which requires a student to run 20-meter laps in time to a set of beeps. When the student cannot meet the pace of the beeps, the test is discontinued and a score is calculated based on the student's age and highest effort maintained.
- Nutrition and physical activity information sheets to assist parents in promoting lifestyle changes.

The first Fitness Report Card, completed spring 2007, involved 44 sixth and seventh graders. (Due to legal delays regarding privacy, the results were not sent to parents until November.) In October, 1,100 seventh and eighth graders took the PACER test, and project staff obtained height and weight information from school records.

“We wanted to make the Fitness Report Card simple and to convey information to parents so they could seek help if their child's weight or fitness is in an unacceptable range,” says Rowe.

Nutrition and Physical Education in After-School Programs

Nutrition had not been a priority in any of the four after-school programs participating in the project, and none had a written nutrition policy. Staff members were simply instructed that the children should have snacks and “not eat too much.”

HANCI helped the after-school programs introduce the Traffic Light Diet, designed for children ages six through 12. It divides foods into categories and assigns them colors—

red to be eaten infrequently, yellow to be eaten with some caution, and green to be eaten freely. This no-counting system helps children consume fewer calories and was used to engage families in their children's food choices.

Children kept a daily food journal of what they ate for meals and snacks for four to six weeks. Staff members then conferred with parents to share what foods their children were eating and talk about how their diet might contribute to chronic disease.

The centers offered one hour of supervised noncompetitive activity—gymnastics, jump rope, Twister, and Latin dance—twice a week. Kids were coached on the importance of healthy eating and physical activity in the context of these fitness programs, too.

BARRIERS TO ACHIEVEMENT AND CHANGES TO ORIGINAL WORK PLAN

Three areas presented obstacles to program implementation.

Fitness Report Card. Numerous systematic barriers, including school nurses' and physical education teachers' union contracts, necessitated finding money to pay school staff "after hours" to administer tests and code data during the first year.

"Fitness Report Cards were not part of their academic mission—not even on their radar screen," says Rowe. Beginning in the 2008–09 school year, however, "they are working on integrating them into the infrastructure of the school district. In conjunction with an academic report card, the district will eventually issue a Fitness Report Card for 7,200 students, twice each year."

Cafeteria. Working with school district cafeteria programs presents a number of obstacles, among them: 1) cafeterias are restricted by their annual budgets; 2) food service staff have little control over what government-supplied commodities the schools receive; and 3) there is little time or money for professional development or training.

Vending Machine Contracts. A major vendor pays the school district approximately \$1 million a year for the right to sell its products on school property, including through 32 machines in the high school.

”We persuaded them to change some of the content, eliminate some of the high-fat items, move to lower fat milk, and add some whole-grain items,” says Rowe. “We have made some progress, some baby steps, but the machines will stay.”

In the after-school programs, staff also wrestled unsuccessfully with the vending machine issue, but did put up large “Stop and Think” signs next to machines.

PROGRAM ASSESSMENT

School Nutrition Policies. According to Rowe, school staff and parents reacted positively to the food changes in the schools and thought that the district was working proactively to combat overweight and obesity. Project staff will continue to work with the District Wellness Committee to implement additional changes.

Fitness Report Card. Because seven months elapsed between the time data were obtained for the first Fitness Report Card and the reporting to parents, there was no opportunity to learn whether the Report Card prompted lifestyle changes, although, as noted above, the district has adopted it for all students.

Five out of six physical education teachers surveyed in two schools were strongly in favor of sending out Fitness Report Cards. One called it “long overdue.”

Some 77% of 187 parents surveyed also were in favor of the Fitness Report Cards, and 68% said that, as a result, they encouraged their children to be more active. Those who did not encourage more activity said their children were already active enough.

After-School Programs. Project personnel asked after-school program staff to administer surveys to the children regarding the nutrition and physical activity programs, but few children (37) did so. More than half of these children said they were trying to eat healthy foods more often than before the nutrition education program, and three-fourths said they were more active.

DISSEMINATION OF FINDINGS

In addition to presentations to the Board of Education, project staff will present project results at the American Public Health Association annual meeting, October 2008.

Other dissemination efforts will be coordinated through the Primary Care Research Institute of the University at Buffalo, Department of Family Medicine.

THE FUTURE

HANCI has received a five-year grant from the New York State Department of Health to continue its work with the University at Buffalo, school liaisons, the board of education, and the district-wide Parent Advisory Council to implement the nutrition and physical activity policies identified and recommended by this project.

Over the next four years HANCI staff will work with four other area school districts—Lockport, North Tonawanda, Newfane, and Barker—to implement similar programs.

“We went in with the approach of building sustainable relationships, and it worked,” says Rowe. “Health problems can impede children’s academic progress. We are all about helping parents and children be healthier and, as a result, we will have better-performing schools.”