



Child Health Advisory Committee

Minutes

January 11, 2024 · 9:00 a.m. – 10:00 a.m. · Zoom Only

**Call to order:** 9:00 a.m.

**Zoom:** Ashten Black, Shannon Borchert, Jerri Clark, Lucas Harder, Gabriella Hicks, Mitch Mathis, Cheria McDonald, Dave Oberembt, Carmel Perry, Josh Phelps, Paula Rawls, Camille Richoux, Ray Samaniego, Bala Simon, Jennifer Wessel, **Absent:** Patrick Casey, Carole Garner, Elaine Prewitt, Nathan Morris, Tammie Works

**Staff:** Shanetta Agnew, Shy Whitley-Smith

**Guests:** Sarah Brisco, Pamela Hutchins, Taylor James, Bailey Kelly, Lisa Mundy, Ariel Rogers, Tommie Rogers

**Review of September minutes:** S. Borchert moved to accept the minutes with corrections; P. Rawls seconded. Motion passed.

**Act 1220 & Coordinated School Health Reports:** reports are unchanged from the December meeting. No motion was made to accept the (unchanged) reports.

*Act 1220 Coordinator Report:*

As of 11/16/23, 892 schools have submitted their health and wellness plans.

*Coordinated School Health Advisor Report:*

- 2<sup>nd</sup> quarterly meeting was held virtually, on November 1, 2023.
- 80 school personnel were in attendance representing 55 LEAs.
- 24 state agency personnel from ADE and ADH, the program evaluator from UAMS, and the project officer for the CSH collaborative agreement with CDC attended.
- The Louisiana Department of Education is a cohort in the same CDC agreement. 2 school personnel from the LA priority district also attended.



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**Old Business**

Recommendations:

Year	Number
2010	<p>Recommendations appropriate for the rules process:</p> <ul style="list-style-type: none"> <li>• The Child Health Advisory Committee recommends that institutions of higher education reinstate separate degreed programs for health education and physical education.</li> <li>• The Child Health Advisory Committee recommends all public schools built after 2023* (2015) with a capacity of 350 or more students shall have a cafeteria (kitchen and dining facilities) specifically for that building.</li> <li>• The Child Health Advisory Committee recommends at minimum, schools shall provide students with 20 minutes of seated time for lunch consumption in a pleasant and healthy environment.</li> <li>• The Child Health Advisory Committee recommends schools experiment with schedules to improve access to physical activity such as recess before lunch.</li> <li>• The Child Health Advisory Committee recommends all public schools built after 2023* (2015) shall have a designated physical education facility.</li> <li>• The Child Health Advisory Committee recommends playgrounds, fields, gymnasiums, and other designated areas for physical activities shall conform to ADE regulations and recommendations by NASPE.</li> <li>• The Child Health Advisory Committee recommends all school a la carte lines offering entree items must also provide all necessary components to meet the requirements of a reimbursable meal. <i>(Is this still applicable to today's lunch service?)</i></li> <li>• The Child Health Advisory Committee recommends that teachers guide students in movement/physical activities for at least two minutes after every one hour of seated time.</li> <li>• The Child Health Advisory Committee recommends signage with positive health messages in prominent or high traffic locations (such as bathroom, vending machines in faculty area and faculty/staff lounge). <i>This is a recommendation only.</i></li> <li>• The Child Health Advisory Committee recommends vending machines in faculty-staff area include at least 50% healthy choices.</li> <li>• The Child Health Advisory Committee recommends faculty/staff be given access to school facility opportunities to engage in physical activity during or immediately before or after the declared school day.</li> </ul>
2018*	<ul style="list-style-type: none"> <li>• The Child Health Advisory Committee recommends at minimum, schools</li> </ul>



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	<p>shall provide students with 20 minutes of seated time for lunch consumption in a pleasant and healthy environment.</p> <ul style="list-style-type: none"> <li>○ Edit to state: The standard recommended practice is there is 20 minutes of seated lunch time for students.             <ul style="list-style-type: none"> <li>▪ This edit is due to schools taking on recommended practices more readily.</li> <li>▪ Allows for schools that are unable to meet this recommendation without additional costs.</li> </ul> </li> <li>● The Child Health Advisory Committee recommends that breakfast serving time within the cafeteria be a minimum of 30 minutes, or alternative meal service options be considered i.e., Breakfast –in-the-Classroom, Grab n’ Go, Breakfast, Second Chance Breakfast. <i>Will discuss further with additional data gathered by the Child Nutrition Unit.</i></li> <li>● The Child Health Advisory Committee recommends vending machines in school faculty-staff area include at least 50% healthy choices. <i>Will discuss further with additional data regarding current practices and expectations.</i></li> <li>● The Child Health Advisory Committee recommends a scientifically sound, evidence and assessment based, sequential curriculum be used for K-12 physical education <i>pending the availability of free options.</i></li> <li>● The Child Health Advisory Committee recommends a scientifically sound, evidence and assessment based, sequential curriculum be used for K-12 nutrition education <i>pending the availability of free options.</i></li> <li>● The Child Health Advisory Committee recommends professional development be required as follows for:             <ul style="list-style-type: none"> <li>○ a. Elementary classroom teachers certified in physical education should receive professional development of 6 hours for physical education and nutrition education with no less than 3 hours in nutrition education;</li> <li>○ b. Licensed elementary classroom teachers who are not content certified in physical education but teach physical education are to take an additional 3 hours of physical education content; and</li> <li>○ c. Secondary physical education and nutrition education teachers should receive no less than 6 hours of professional development in physical education and nutrition education with no less than 3 hours in nutrition education.</li> </ul> </li> </ul>
2019	<ul style="list-style-type: none"> <li>● The Child Health Advisory Committee recommends schools provide resources and education that connect chronic disease, including obesity, to adverse childhood experiences (ACEs) for students and staff.</li> </ul>



Child Health Advisory Committee

Minutes

January 11, 2024 · 9:00 a.m. – 10:00 a.m. · Zoom Only

- The Child Health Advisory Committee recommends the Division of Elementary and Secondary Education of the Arkansas Department of Education (ADE) provide professional development on ACEs for school staff to include, but not limited to, how to teach students and how to identify individuals with signs and symptoms of ACEs.
- The Child Health Advisory Committee recommends school districts employ, contract, or partner with provider organizations to enable access to services of a Registered Dietitian/Licensed Dietitian (RD/LD) to provide Intensive behavioral therapy (IBT) for students and staff experiencing obesity. Arkansas public schools should be deemed as a Medicaid provider of nutrition counseling services necessary to prevent and treat obesity and be eligible to seek reimbursement. *Will discuss further with larger pilot additional data regarding current practices and expectations.*
- The Child Health Advisory Committee recommends Out of School Time (OST) programs on school campuses align with the nutrition and physical activity standards set forth for public school students during the school day and school personnel engage their community OST organizations to promote the adoption of similar standards as a part of their daily program. *Will discuss further with additional data regarding current practices and expectations.*
- The Child Health Advisory Committee recommends that the Division of Elementary and Secondary Education of the Arkansas Department of Education facilitates the development and fielding of a parent engagement survey to gather information from schools and parents as to how to best communicate and engage with parents regarding child health and wellness, inclusive of nutrition, physical activity, and mental health. *This is a recommendation only.*
- The Child Health Advisory Committee recommends that the Division of Elementary and Secondary Education of the Arkansas Department of Education provides standard guidance and resources for schools, parent teacher organizations, and community groups to facilitate parent engagement through social media and targeted in-person events. The guidance should be developed in collaboration with the Arkansas Department of Health to also include ways in which schools have/could partner with state and local medical and mental health professionals to engage with student/parents/teachers in an event/presentation about child and family wellness. Logistical considerations include staffing, funding, and timing in context of school year calendar and other communications and events. *This is a recommendation only.*



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	<ul style="list-style-type: none"> <li>The Child Health Advisory Committee recommends collecting information regarding the following of physical education (PE) best practices at each school with the results included in My School Info. School administrators will be given a list of PE best practices and would check off their school’s participation, or lack of participation, for each specified best practice at the individual building level; this information would be collected for reporting purposes only. The list should include the following questions at a minimum: a. Is there a content certified teacher for PE? b. Is there a written sequential curriculum? c. Are there continuing education hours in content area yearly for PE (6 hours)? d. Are there opportunities for inclusion during PE and physical activities for children with disabilities. <i>Will discuss further with additional data regarding current practices and expectations.</i></li> </ul>
2020	<ul style="list-style-type: none"> <li>The Child Health Advisory Committee (CHAC) recommends that the Division of Elementary and Secondary Education of the Arkansas Department of Education request that the Department of Human Services Division of Medical Services indefinitely extend COVID-19 era waiver policies related to telemedicine for mental and behavioral health services. More specifically, this recommendation is for the continued suspension of rules for originating site requirements to allow provision of behavioral health services to patients in their homes via telemedicine (including via telephone), to allow telemedicine services for beneficiaries under age 21, to allow family therapy via telemedicine, and to allow licensed behavioral health professionals to provide crisis intervention via telemedicine. These rule suspensions are documented in Arkansas Medicaid emergency rule suspensions and guidance, and in the outpatient behavioral health services provider manual.</li> <li>The Child Health Advisory Committee recommends schools provide students access to water through water-bottle filling stations, water stations, and other methods that ensure students have access to drinking water throughout the school day in an efficient manner.</li> <li>The Child Health Advisory Committee recommends school district superintendents, food service directors, nursing directors, other relevant district staff, and school principals annually review the USDA and ADE-DESE rules related to wellness requirements and encourage school district personnel responsible for compliance with these rules to 1) access technical assistance from the Child Nutrition Unit (CNU), ADE-DESE &amp; ADH Act 1220 Coordinators, and ADH Community Health Nurse Specialists (CHNS) and Community Health Promotion Specialists (CHPS) to fulfill Administrative Review findings’ corrective action steps; and 2) use these individuals’</li> </ul>



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	<p>expertise to provide ongoing enhancement to policy development and implementation.</p> <ul style="list-style-type: none"><li>• The Child Health Advisory Committee recommends that schools provide resources and education for students and staff regarding the short and long-term health consequences of e-cigarette use.</li><li>• The Child Health Advisory Committee recommends that schools include a pathway to cessation as an option within the district’s tobacco use policy.</li></ul>
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**New Business**

D. Oberembt explained the importance of the Act 1220 CHAC report and its content. He suggested everyone review the document and if any members had any questions/concerns the committee will follow up at the February meeting.

Regarding the CHAC recommendations D. Oberembt suggested the sub-committee will meet and identify what recommendations have potential to be implemented to a rule. A final draft will be shared with the committee during the February meeting and polished to be presented to the State Board of Health and Arkansas Board of Education in the Spring. Guidance will be given from the boards to make sure the recommendations are practical.

L. Harder informed the group in developing subcommittees to consider statutory requirements and the size of the committee to accommodate organization representatives.

M. Mathis was sent the 2018 CHAC recommendations to review and simplify the physical activity and physical education recommendations. Once completed they will be shared with the subcommittee in preparation for next month’s meeting.

He stated instructors working in this field of study need good background experience regarding PA/PE and that you don’t have to be certified to teach.

J. Clark suggested the committee make sure the recommendations include the Federal Accountability Requirement, which health and wellness mandate’s purpose is to serve the “whole child”. Furthermore, making sure the recommendations are in alignment with what DESE leadership has been promoting.

D. Oberembt asked the committee if they had any additional comments and requested feedback from Dr. B. Simon, ADH-Chronic Disease Medical Director if he had any specific questions for the recommendations.

B. Simon replied everything was discussed and thank you to the committee for all the great work they have been doing the past few years.



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### Minutes

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With the absence of C. Garner, it was recommended by D. Oberembt to table the discussion of the Maximum\_Portion\_Size\_List\_2024\_2025 until the February meeting.

D. Oberembt shared the FY25 recommendations will need to be developed based on components from the Whole School, Whole Child, Whole Community model (WSCC)

S. Borchert stated a google survey will be sent to the committee in February to identify areas of school and health wellness that need improvements.

### **Member & Non-Member Updates/Announcements**

Member updates/announcements are changed from the December meeting. New notices were shared during the meeting.

Little Rock Planning Commission January Public Hearing is January 11, 2023 4:00p.m.-7:00p.m.  
[Little Rock Planning Commission January 2024 Public Hearing | City of Little Rock](#)

J. Clark and A. Davidson are attending a scheduled tour of the Bobcat Clinic in Hope, AR January 11<sup>th</sup> to provide technical assistance.

**Adjourn:** 9:45 am.

Join Zoom Meeting: <https://zoom.us/j/96682665672> Meeting ID: 966 8266 5672 One tap mobile +13126266799,,96682665672# US (Chicago)

Next Meeting: Thursday, January 11, 2024 from 9:00 – 10:00 am.

*State Board of Health meetings are held quarterly on the 4<sup>th</sup> Thursday of each month. Next meeting is January 25, 2024.*