



Child Health Advisory Committee

Minutes

September 14, 2023 · 9:00 a.m. – 9:53 a.m. · Zoom Only

Call to order: 9:00 a.m.

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

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

Guests: Larry Ballard, Sarah Brisco, Gavin Gray, Shae Martin, Julie McLaughlin, Lisa Mundy, Rose Page, Ariel Rogers, Nell Smith, Rosemary Withers

Review of August minutes: P. Rawls moved to accept the minutes as presented; R. Samaniego seconded. Motion passed.

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

Act 1220 Coordinator Report:

Summer wellness committee trainings are in the process of being scheduled for August with schools and educational cooperatives for the summer.

Coordinated School Health Advisor Report

Summer trainings are being scheduled with schools and educational cooperatives for the summer.

Old Business

Recommendations:

Year	Number
2010	Recommendations appropriate for the rules process: <ul style="list-style-type: none"> • The Child Health Advisory Committee recommends that institutions of higher education reinstate separate degreed programs for health education and physical education. • 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. • 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. • The Child Health Advisory Committee recommends schools experiment with



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	<p>schedules to improve access to physical activity such as recess before lunch.</p> <ul style="list-style-type: none"> ● The Child Health Advisory Committee recommends all public schools built after 2023* (2015) shall have a designated physical education facility. ● 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. ● 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> ● 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. ● 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> ● The Child Health Advisory Committee recommends vending machines in faculty-staff area include at least 50% healthy choices. ● 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.
2018*	<ul style="list-style-type: none"> ● 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. <ul style="list-style-type: none"> ○ Edit to state: The standard recommended practice is there is 20 minutes of seated lunch time for students. <ul style="list-style-type: none"> ▪ This edit is due to schools taking on recommended practices more readily. ▪ Allows for schools that are unable to meet this recommendation without additional costs. ● 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> ● The Child Health Advisory Committee recommends vending machines in school faculty-staff area include at least 50% healthy choices. <i>Will discuss</i>



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	<p><i>further with additional data regarding current practices and expectations.</i></p> <ul style="list-style-type: none"> ● 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> ● 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> ● The Child Health Advisory Committee recommends professional development be required as follows for: <ul style="list-style-type: none"> ○ 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; ○ 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 ○ 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.
2019	<ul style="list-style-type: none"> ● 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. ● 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. <i>Will discuss further with larger pilot additional data regarding current practices and expectations.</i> ● The Child Health Advisory Committee recommends Out of School Time (OST) programs on school campuses align with the nutrition and physical activity



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	<p>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. <i>Will discuss further with additional data regarding current practices and expectations.</i></p> <ul style="list-style-type: none"> • 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. <i>This is a recommendation only.</i> • 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. <i>This is a recommendation only.</i> • 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>
2020	<ul style="list-style-type: none"> • 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



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	<p>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.</p> <ul style="list-style-type: none">● 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.● 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 & 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' expertise to provide ongoing enhancement to policy development and implementation.● 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.● The Child Health Advisory Committee recommends that schools include a pathway to cessation as an option within the district's tobacco use policy.
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New Business

L. Ballard, Operation Manager at Division of Medical Services (Medicaid) will provide his presentation slides. S. Agnew will attach to the follow-up notes for the committee's viewing.

D. Oberembt suggested that we adjust the order of the agenda. J. Clark moved to approve the agenda amendment. S. Borchert seconded the motion; the motion passed.



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D. Oberembt shared with the committee 20-25% of students vaped in the past 30 days according to polling and there was a decline in cigarette use. He didn't provide data that showed the long-term effects of vaping. The committee agreed to have speakers educate about vaping and its effects during the October meeting.

S. Borchert suggested that #5 of the 2020 recommendations be developed into a rule. J. Clark informed the committee that it will need to be presented to the AR Board of Health & AR Board of Education to request including in their current rules.

The committee agreed to come to the October meeting with #'s 1-4 of the 2020 recommendations reviewed for discussion.

Member & Non-Member Updates/Announcements

Member updates/announcements are unchanged from August meeting. No new notices were shared during the meeting.

Adults & Children with Learning & Developmental Disabilities, Inc. (ACLD) summer programs will be held June 10th-11th, 2024 in Bryant, AR.

Arkansas School Nutrition Association, Annual Conference will be held October 27th-28th in Hot Springs, AR. [Events \(arsna.org\)](https://arsna.org)

SHAPE Arkansas 2023 Fall Conference will be held November 2nd-3rd in Jonesboro, AR [Summer | ShapeAR \(shapearkansas.com\)](https://shapearkansas.com)

Adjourn: 9:53 am.

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

Next Meeting: Thursday, October 12, 2023 from 9:00 – 10:00 am.

State Board of Health meetings are held quarterly on the 4th Thursday of each month. Next meeting is October 26, 2023.