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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?

- **Self-awareness**
  - Managing emotions and behaviors to achieve one’s goals
  - Recognizing one’s emotions and values as well as one’s strengths and limitations

- **Self-management**
  - Showing understanding and empathy for others

- **Social awareness**
  - Making ethical, constructive choices about personal and social behavior

- **Relationship Skills**
  - Forming positive relationships, working in teams, and dealing effectively with conflict

- **Responsible decision-making**

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
supported
challenged
engaged
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<th>POOREST HEALTH OUTCOMES</th>
<th>POOREST HEALTH FACTORS</th>
<th>POOREST HEALTH BEHAVIORS</th>
<th>POOREST CLINICAL CARE</th>
<th>POOREST SOCIAL AND ECONOMIC FACTORS</th>
<th>POOREST PHYSICAL ENVIRONMENT</th>
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### Table 2: County Health Rankings (2014) – Health Behaviors and Clinical Care – Southern Illinois Delta Counties

<table>
<thead>
<tr>
<th>SMOKING * *(BRFSS Round 5)</th>
<th>OBESITY</th>
<th>PHYSICAL INACTIVITY</th>
<th>DIABETIC SCREENING</th>
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<td>16/16 100%</td>
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<td>National Benchmark 13%</td>
<td>National Benchmark 25%</td>
<td>National Benchmark 21%</td>
<td>National Benchmark 90%</td>
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<td>US Median 21%</td>
<td>US Median 30%</td>
<td>US Median 28%</td>
<td>US Median 84%</td>
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<td>Illinois 18%</td>
<td>Illinois 27%</td>
<td>Illinois 23%</td>
<td>Illinois 85%</td>
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<td>So. IL. Delta Counties Range 15.2% - 27.5%</td>
<td>So. IL. Delta Counties Range 28% - 34%</td>
<td>So. IL. Delta Counties Range 23% - 32%</td>
<td>So. IL. Delta Counties Range 79% - 91%</td>
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<th>Saline</th>
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<th>TOTAL Delta Counties</th>
<th>Rural IL Counties 2014</th>
<th>ILLINOIS 2014</th>
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<td>Bullied by hitting, punching, kicking or pushing</td>
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<td>Hit, Punch, Kick, or Push - Number</td>
<td>24</td>
<td>42</td>
<td>26</td>
<td>10</td>
<td>51</td>
<td>37</td>
<td>21</td>
<td>211</td>
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<td>Hit, Punch, Kick, or Push - Percent</td>
<td>14.0%</td>
<td>19.0%</td>
<td>17.0%</td>
<td>25.0%</td>
<td>24.0%</td>
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<td>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</td>
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<td>Sad or Hopeless - Number</td>
<td>52</td>
<td>58</td>
<td>49</td>
<td>17</td>
<td>67</td>
<td>65</td>
<td>38</td>
<td>346</td>
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<td>Sad or Hopeless - Percent</td>
<td>30.0%</td>
<td>27.0%</td>
<td>33.0%</td>
<td>45.0%</td>
<td>32.0%</td>
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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 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

- Psychological Testing
- Special Education
- After-School Programs
- HIV/AIDS Prevention
- Clinic
- Health Services
- Nutrition Education
- School Lunch Program
- Drug Prevention
- Counseling
- Codes of Discipline
- Smoking Cessation for Staff

- Crime Prevention
- Pupil Services
- Physical Education
- Health Education

- Juvenile Court Services
- Community Based Organizations
- Pregnancy Prevention

- Mental Health Services
- Social Services
- Child Protective Services

- HIV/AIDS Services

- Social Security
- Medicaid
- Diversity

Child
Family
Coordinated School Health Model

- Health Education
- Physical Education
- School Health Services
- School Nutrition Services
- School Counseling & Social Services
- Healthy School Environment
- School-site Health Promotion for Staff
- Family & Community Involvement
The goals of the SOS Program are to:

• Reduce suicide and attempts by increasing knowledge and adaptive attitudes

• Encourage individual help-seeking and help-seeking 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
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

A - Assess for risk of suicide or harm
L - Listen nonjudgmentally
G - Give reassurance and information
E - Encourage appropriate professional help
E - Encourage self-help and other support strategies
WHY MENTAL HEALTH FIRST AID?

- Mental health problems are **COMMON**.
- **STIGMA** is associated with mental health problems.
- **PROFESSIONAL HELP** is not always on hand.
- Individuals with mental health problems often **DO NOT SEEK HELP**.
- Many people are not well informed and don't know **HOW TO RESPOND**.
- Learn how to **NOTICE** when someone needs help.
- Promote **UNDERSTANDING**.
- Encourage community members to **SUPPORT ONE ANOTHER**.
- Help more people **GET THE HELP THEY NEED**.
- Learn how to **INTERVENE**. You might **SAVE A LIFE**.
4 REASONS TO BECOME A MENTAL HEALTH FIRST AIDER

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

2. MENTAL ILLNESSES ARE COMMON.
   1 in 5 people will experience one in a given year.

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

4. 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

ALGEE-OMETER

More than 1,000,000 First Aiders in the US Trained by more than 12,000 Instructors

PERCENTAGE OF POPULATION TRAINED

- 0.3% or more
- 0.2%-0.29%
- 0.1%-0.19%
- 0.05%-0.09%
- Less than 0.05%

Reported through June 1, 2017
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.)
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
WE STILL BELIEVE IN THESE BASIC ASSUMPTIONS

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
- Child Nutrition
- 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™: 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

ROI: Studies show children scored a full grade-level higher in reading comprehension after physical activity than after a period of rest

Average composite of 20 student brains taking the same test

IMPROVES HEALTH

Helps students meet recommended 60 minutes of moderate-to-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

**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.*

**Return on Investment:**
- Kids that are less stressed are *better behaved* and *more attentive.*
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
  ○ C.A.T.C.H. (Coordinated Approach to Child Health)
  ○ Mental Health First Aid (Youth and Adult)
  ○ Signs of Suicide
  ○ Physical Education
  ○ 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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