



THE RAPIDES FOUNDATION

Healthy Behaviors Initiative 2019-2020 School District Partnership Grants

Grant Commitment Form

Submission deadline: 11:59 p.m. CST, Thursday, April 18, 2019

1. DISTRICT OVERVIEW

School District	
District Superintendent	
Mailing Address	
Phone	
Fax	
District Coordinator for Healthy Behaviors	
Email – District Coordinator	
Phone – District Coordinator	

Number of K-8 schools participating in HEAL (formerly DPA) activities:

Number of K-8 schools new to HEAL (formerly DPA) participation:

Number of Junior Highs and 7th-8th grades participating in HEAL activities:

Number of High Schools participating in HEAL activities:

Number of Junior Highs and 7th/8th grades participating in Living Healthy Club:

Number of High Schools participating in Living Healthy Club:

Number of schools participating in LifeSkills Training through this grant included in this application:

Number of schools participating in LifeSkills Training not through this grant:

Number of schools new to any part of this grant:

2. Project Description

Background: The Rapides Foundation Healthy Behaviors Initiative focuses on major health behavior priorities – tobacco prevention and control, substance/alcohol abuse and prevention, and healthy eating and active living.

- A. Tobacco Prevention and Control:** According to the Louisiana Campaign for Tobacco-free Living and the Louisiana Department of Health, in 2017, current cigarette use by Louisiana middle and high school students decreased compared to 2015; however, e-cigarette use is on the rise for this population. In fact, e-cigarette use among Louisiana middle school students is nearly DOUBLE and hookah use is nearly TRIPLE since 2015.

Additionally, 12.3% of The Rapides Foundation Service Area (RFSa) high school students report having smoked a whole cigarette prior to the age of 13. Tobacco use alone is responsible for 430,000 deaths each year and is the leading cause of preventable morbidity and mortality in the United States and every year more than 7,200 Louisianans die because of their smoking.

- B. Substance/Alcohol Abuse and Prevention (LifeSkills Training):** In The Rapides Foundation service area, a total of four in 10 (39.7%) high school students currently use some type of drug,

including marijuana (and synthetic), cocaine, inhalants, ecstasy, heroin, methamphetamines, steroids, prescription drugs, and/or illegal inject drugs.

The same survey showed, 65.3% of high school students tried alcohol at some point in their life – nearly one in four students had their first drink prior to age 13. Currently, 38% use alcohol – meaning they had one or more drinks in the 30 days prior to the Foundation’s 2017 Youth Risk Behavior Survey. Current use is most prevalent in girls, 12th graders, white and Hispanic students.

C. Healthy Eating and Active Living (HEAL): Lack of healthy eating and active living contributes to multiple chronic diseases making those behaviors the second leading cause of preventable deaths. Obesity, a serious concern, is associated with poorer mental health outcomes, reduced quality of life, and the leading causes of death in the U.S. and worldwide, including diabetes, heart disease, stroke, and some types of cancer. In The Rapides Foundation service area, over 75% of adults are overweight, including 41% who are obese - worse than Louisiana’s statewide overweight prevalence (69%) – and a significant increase in obesity prevalence since 2002 (29%). About 40% of Cenla’s children ages 5-17 are overweight or obese and 35% of high school students are overweight or obese. Obesity results from a combination of causes and contributing factors, including individual factors such as behavior and genetics. Behaviors can include dietary patterns, physical activity, inactivity, medication use, and other exposures. Only 34.1% of adults in the Foundation’s service area eat five or more servings of fruits and vegetables a day and only 19.9% meet the physical activity recommendations. In 2017 Cenla high school students report less participation in physical education classes daily, less participation in sports teams than in 2015 and only 39% of students are meeting the recommended physical activity guidelines.

Purpose: The Rapides Foundation seeks to prevent and reduce tobacco use, prevent and reduce substance and alcohol abuse, and overweight/obesity by focusing on implementation of the CDC’s Whole School, Whole Child, Whole Community model and required policy (such as a District/School Wellness policy). The Whole School, Whole Community, Whole Child, or WSCC model, is CDC’s framework for addressing health in schools. This model is student-centered and emphasizes the role of the community in supporting the school, the connections between health and academic achievement and the importance of evidence-based school policies and practices. The WSCC model has 10 components: health education, physical education and physical activity programs, nutrition environment and services, school health services, school counseling, psychological and social services, social and emotional climate, physical environment, employee wellness and health promotion, family engagement and community involvement.

Additionally, changing social norms and school environments is an important aspect of this grant opportunity. Activities are based on federally mandated requirements and best and promising practices to create comprehensive school- and community-based awareness and prevention programs in order to positively influence Central Louisiana students, educators and staff. The goal is to provide students, staff and teachers with the knowledge, skills and resources necessary to empower them to create a healthy school environment as well as make better and informed behavior decisions leading to healthier lives.

Grant Events and Activities: Grant events and activities, listed in detail on the work plan, are based on three focus areas – tobacco prevention and control, substance and alcohol abuse prevention (LifeSkills Training), healthy eating and active living (HEAL). The work plan lists required activities within each category. **District Coordinators** are responsible for circulating and publicizing the grant information to all schools. **Principals and School Coordinators** must select the categories of activities of interest and inform the District Coordinator.

Note: SPARK curriculum is phasing out and currently not in production, however, implementation is still a required activity under HEAL K-8. SPARKFamily school members still have online access until 2021, however, the Foundation will no longer purchase SPARK curriculum or equipment. We are researching and developing plans to implement different, evidence-based coordinated school health physical education curricula and encourage schools with the SPARK curriculum to continue implementation until then. CATCH schools are not affected.

Grant term: This is a one-year grant term from July 1, 2019-June 30, 2020.

3. How to Participate

District Coordinators must offer grant information – the School Participation Table and work plan – to all schools in the district. Schools wishing to participate must complete the School Participation Table and return it to the District Coordinator. The District Coordinator will compile information and submit the Commitment Form, Signature Page, and all School Participation Tables using the Foundation’s online application process. Necessary forms are located on the Foundation’s website at www.rapidesfoundation.org under the “Grants” tab. *Submission deadline is not later than midnight (11:59 p.m. CST), Thursday April 18, 2019.*

4. Funding availability

Total grant funds are based on the number of participating schools and the categories of activities each school selects from the School Participation Table. Funds are given to the District and disbursed as needed to schools and School Coordinators.

- **Incentive pay** (up to \$1400) for the District Coordinator accountable for overseeing district-level administrative duties of the grant and ensuring activities are completed, district-wide, at the school level.
- **Incentive pay** (up to \$1,950) for the School Coordinator for **extracurricular** school-level activities of the grant such as, but not limited to. SHAC coordination, Staff Wellness activities, School Health Index training/completion, Living Healthy Club activities and meetings, LifeSkills Training planning and implementation, and site visit preparation. Incentives **are not** to be used for work paid for and required by your job such as lesson planning.
- **Living Healthy Club** up to \$500/year for convening, supplies and Club activities/events. Budget guidelines apply.
- **School Health Advisory Council** up to \$500/year for convening, supplies and Council activities (budget guidelines apply). Amount is based on compliance of required activities. SHAC’s are eligible for an additional \$1,000 toward implementation of the School Health Index action plan based on completion of required activities (budget guidelines apply).
- **Substitute teacher and travel reimbursement** to required grant meetings and other grant-related events such as the Youth Summit on Healthy Behaviors, School Health Index training or LifeSkills Training. Schools may use these funds to hire substitute teachers to cover for School Coordinators participating in required grant activities such as, but not limited to, the Youth Summit on Healthy Behaviors, School Health Index trainings, Smarter Lunchroom trainings, etc.
- **Convening and facilitating** for professional development activities such as, but not limited to, School Health Index trainings/meetings, Smarter Lunchroom trainings.
- **Professional development and certification** for nutrition services staff.

In addition, the Foundation will be responsible for purchasing LifeSkills Training curriculum for Living Healthy Clubs and school-wide implementation, KBD giveaways and contracting with technical assistants (Grant Monitors). Grant Monitors will ensure the activities of the grant are carried out according to the work plan. These individuals are available to the District Coordinator to assist with ensuring all schools have the materials and supplies needed for all activities and offer technical assistance as needed and requested at the school- and district-level.

5. Application Deadline

Submission deadline is not later than midnight (11:59 p.m. CST), Thursday April 18, 2019. Necessary forms (Commitment Form, School Participation Table, and Signature Page) are located on the Foundation’s website at www.rapidesfoundation.org under the “Grants” tab.

The Whole School, Whole Community, Whole Child Model

The Whole School, Whole Community, Whole Child (WSCC) [model](#) is an expansion and update of the Coordinated School Health (CSH) [approach](#). The WSCC incorporates the components of CSH and the tenets of the ASCD's* whole child approach to strengthen a unified and collaborative approach to learning *and* health.

The WSCC model focuses its attention on the child, emphasizes a school-wide approach, and acknowledges learning, health, and the school as being a part and reflection of the local community.

WSCC: The Model

Schools, health agencies, parents, and communities share a common goal of supporting the health and academic achievement of adolescents. Research shows that the health of students is linked to their academic achievement. By working together, the various sectors can ensure that *every young person* in every school in every community is healthy, safe, engaged, supported, and challenged.

The WSCC model accomplishes a number of important objectives:

- It combines the “Whole Child” model from ASCD with the CSH approach used by many in the adolescent and school health field.
- It emphasizes the relationship between educational attainment and health, by putting the child at the center of a system designed to support both.
- It provides an update to the CSH approach to better align with the way schools function.

Whole School, Whole Community, Whole Child Model



- The child in the center is at the focal point of the model; the child is encircled by the “whole child” tenets in green: being “healthy, safe, engaged, supported, and challenged.”
- The white band emphasizes the alignment, integration, and collaboration needed among the school, health, and community sectors to improve each child’s learning and health.
- Represented in the blue, the multiple school components surround the child, acting as the hub that provides the full range of learning and health support systems to each child, in each school, in each community.
- The community, represented in yellow, demonstrates that while the school may be a hub, it remains a focal reflection of its community and requires community input, resources, and collaboration in order to support its students.

*Formerly known as the Association for Supervision and Curriculum Development