



CENTER FOR SUPPORTIVE SCHOOLS

New Jersey School Health:
Challenges and Opportunities in
Promoting the Health and Wellness of
Youth in New Jersey
Focus group outcomes supported by research

Developed for New Jersey Health Initiatives (NJHI)
by Center for Supportive Schools (CSS)

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Table of Contents

- **Executive Summary.....1**
- **Focus Group Participants.....1**
- **Methodology2**
- **New Jersey School Health: Challenges and Opportunities in Promoting the Health and Wellness of Youth in New Jersey.....3**
 - **THEME 1: Health and wellness education is not fully integrated into students’ educational experience 3**
 - **THEME 2: Education and health are treated as two distinct and separate fields..... 4**
 - **THEME 3: Discrete initiatives propelled by issue-specific funding streams and/or specific mandates have created positive change in specific areas, but specialized funding and mandates have typically been restricted to isolated problems rather than comprehensive, integrated solutions..... 6**
- **Case Studies 10**
 - **CASE STUDY 1: School Breakfast 10**
 - **CASE STUDY 2: Asthma.....12**
 - **CASE STUDY 3: Sustainable Jersey for Schools14**
- **References 16**

Executive Summary

Focus group outcomes and research in the literature similarly support the conclusion that though notable progress has been made in various areas of school health across New Jersey, significant challenges and opportunities remain to better integrate health within education. Three key findings thread through this paper's discussion of successes, challenges, opportunities, and case studies as follows:

- Significant opportunity exists in better integrating health and wellness in students' educational experiences. Reaching out to educators in educational terms to equip them with the knowledge and skills to incorporate health and wellness education in natural and consistent ways throughout academic and other classes could prove to be an essential strategy to long-term progress.
- Health initiatives that are successful in schools address the health and wellness of youth in comprehensive ways: they address the multiple root causes of issues from both a prevention and intervention perspective, and they engage a broad cross-section of stakeholders.
- Empowering community members to meaningfully engage in dialogue about necessary changes to promote the health and wellness of youth aids in more effective and sustainable progress.

Focus Group Participants

The findings in this paper are grounded in the insights of focus group and interview participants. Center for Supportive Schools (CSS) conducted additional research based on the insights and the issues identified by the professionals listed below. We thank each one of them for their generous contributions and their daily commitment to the health of New Jersey's young people.

- Stephanie K. Chorney, MD, FAAP, pediatric hospitalist at Children's Hospital of Philadelphia's Pediatric Care at University Medical Center at Princeton
- Christene DeWitt-Parker, MSN, CSN, RN, New Jersey Department of Education (NJDOE) Coordinator, School Health Unit
- Beth Feehan, Director, New Jersey Farm to School Network
- Stuart Green, DMH, LCSW, Director/Associate Director, Overlook Family Medicine, New Jersey Coalition for Bullying Awareness and Prevention/Atlantic Health System
- Janis Mayer, Manager, Office of Nutrition and Fitness and Office Tobacco Control, New Jersey Department of Health (NJDOH) Division of Family Health Services
- Linda Morse, RN, MA, NJ-CSN, CHES, FASHA, President American School Health Association
- Peri Nearon, MPA, New Jersey Department of Health (NJDOH) Director, Office of Nutrition & Fitness

- Mia Sacks, Co-Chair of the Green Schools Coalition
- Kristen Schiro, Director of Health & Wellness, Empower Somerset
- Sharon Seyler, Legislative Advocate, New Jersey School Boards Association (NJSBA)
- Karen Straim, Project Co – Director, New Jersey Department of Health (NJDOH) Coordinated School Health Project, Statewide Parent Advocacy Network

Methodology

During June/July 2014, Center for Supportive Schools (CSS) reached out to health professionals across the state, yielding a group of 11 professionals who participated in a focus group held on July 17, 2014. One individual who was unable to participate in the focus group was interviewed over the phone. During both the focus group and phone interview, the following questions were discussed, using the Center for Disease Control and Prevention's (CDC's) Coordinated School Health Model as a guiding framework:

1. As a school-based health professional in New Jersey, briefly describe one health issue you feel our schools are making headway on.
2. What are examples of specific initiatives or programs that you consider to be successful?
3. What are the elements that you think are helping these particular initiatives to achieve success?
4. Briefly describe one school-based health issue that keeps you up at night. What do you see as the roots of the challenges?
5. What initiatives do you know of that have tried to address these challenges? In what ways were these initiatives successful and/or unsuccessful? What can we learn from them? Are there any characteristics that are similar across these unsuccessful initiatives?
6. Where do you see the greatest current needs, when it comes to promoting the health and well-being of youth?
7. What do you see the greatest opportunities, when it comes to promoting the health and well-being of youth?
8. Are there any areas in school health that you see as possible "quick wins" that are currently being overlooked?
9. What do you see as the most useful role for philanthropy to play in promoting the health and well-being of youth and addressing the challenges to effectively promoting the health and well-being of youth?

As described above, based on the issues and insights identified by focus group and interview participants, CSS conducted additional research to provide deeper context.

New Jersey School Health: Challenges and Opportunities in Promoting the Health and Wellness of Youth in New Jersey

Focus group outcomes supported by research

Below is a series of themes and insights that represent a snapshot of focus group participants' perceived challenges in and opportunities for promoting the health and wellness of youth in New Jersey. These themes are followed by three case studies that demonstrate these themes in action, inclusive of successes, challenges, and continuing opportunities for improvement.

THEME 1. Health and wellness education is not fully integrated into students' educational experience.

Health and physical education are segregated rather than integrated into a student's educational experience across academic content areas. Academic instructional time and health and physical education time are seen as competing needs, vying for time in the school day. All students in New Jersey (grades 1-12) are required to have both health and physical education instructional time¹; however, health and wellness topics are usually taught only in these classes, though they could be fully integrated into the teaching of core academic subjects and visual and performing arts. Further integrating health and wellness education into the teaching of other content areas would help students to better understand the links between what they are learning and their health and well-being, creating deeper, more multi-faceted understandings of and greater motivation to embrace healthy living. Schools in New Jersey are generally missing this opportunity to educate students more broadly, consistently, and effectively about health and wellness. Strategies for achieving effective integration of health and wellness throughout the school day include:

- Providing professional development to help educators understand how health and wellness supports outcomes in academic content areas and general school performance
- Helping educators integrate health and wellness content into academic curriculum (e.g. learning about proper nutrition through a science class) and instructional practices (e.g. using lessons and activities that incorporate physical activity)
- Elevating the importance of health and physical education to that of the core subjects

¹ N.J.S.A. 18A:35-7&8 requires that students in grades 1-12 receive 150 minutes (or two and one-half hours) of health, safety, and physical education per week, prorated for school holidays. Local school districts decide how many minutes per week are necessary in each area in order to achieve the core standards.

Representative Focus Group Quotes

- *“Developing active healthy adults, who eat properly, eat locally, and eat healthfully, is lost in school districts. They don’t see that healthy food is important in learning.”*
- *“Health and wellness should be integrated into the core and STEM subjects.”*
- *“There should be dedicated health time in each child’s school day. Health curriculum should be revamped to bring it up to the 21st century and to make it more comprehensive and engaging.”*
- *“The way health and wellness topics are taught could be more integrated and relatable.”*
- *“The key is to integrate health and wellness into the school system and connect with learning. Learning how to take care of yourself, how to cook healthy food, etc. is critical to education.”*
- *“The physical education model in most schools is not effective because students see health education and physical education as two different disciplines and rarely have an opportunity to make a connection between the two. For instance, physical activity as a way to reduce stress. If there was truly a blended model, health and physical education would be integrated and curriculum would work together. Schools are meeting mandate on paper but not always through quality.”*

THEME 2. Education and health are treated as two distinct and separate fields, such that health is often considered an add-on rather than a means to accomplish educational goals through the utilization of health-related instructional strategies and curriculum.

One of the contributing factors to the disconnections between health and education within New Jersey public schools is that health and education continue to exist as two separate fields that use distinct terminology. The field of health has traditionally not spoken in educational terms, drawing direct lines between health and the goals that educators are held accountable to every day. However, some recent initiatives are beginning to bridge this gap successfully, integrating the goals of school health and education; examples include ASCD’s (formerly the Association for Supervision and Curriculum Development) Whole Child Initiative, New Jersey School Boards Association (NJSBA) Health & Wellness Task Force, Sustainable

Jersey, Shaping NJ, and Campaign Connect. Health education for teachers in educational terms is critical for making progress. For instance, teachers can learn not just about the important health related outcomes for students that can be attained through certain health and wellness practices but also about the academic benefits that can be achieved such as better attention, better behavior, and better cognitive conditions for learning. With this framework, teachers can be equipped within existing professional development structures to incorporate simple health and wellness strategies into the classroom in consistent and natural ways (e.g. brain breaks, quick exercise breaks, designing activities to have students moving around the room, learning how to attune to when students need physical activity).

Representative Focus Group Quotes

- *“There is a clear link between nutrition and how it impacts standardized testing. Students need to eat before tests. In some wealthy districts, free breakfast is offered to all students during weeks of testing.”*
- *“In New Jersey, school districts have not embraced the Coordinated School Health model as much as we would like. Health is not a part of the schools’ language.”*
- *“With ASCD coming out with the whole community/whole child initiative, we might see schools jump on the bandwagon because it’s education friendly and not health-based. ASCD has done more for Coordinated School Health than the model itself.”*
- *“Schools don’t feel that they answer to public health, with the exception of taking responsibilities for managing epidemics or immunizations. They don’t have strong communication with public health, and don’t speak the same language.”*
- *“There are simple things that teachers can do in classrooms that in the long haul could be institutionalized. Things that are not difficult and don’t cost anything. At the elementary level, it could include instituting brain breaks, taking quick exercise breaks, designing classrooms to allow students to move, etc. We could train teachers how to incorporate health and wellness activities into their classroom in a natural way and read the signs when kids are in need of physical activity.”*
- *“We need to convince teachers that [integrated health education] is important. It’s a different way of teaching – not a health thing, just good teaching practice. We need to make the link for teachers between health and wellness and kids paying attention and learning better.”*

THEME 3. Discrete initiatives propelled by issue-specific funding streams and/or specific mandates have created positive change in specific areas, but specialized funding and mandates have typically been restricted to isolated problems rather than comprehensive, integrated solutions. Approaching schools with a line-up of discrete initiatives often results in unsustainable work, as schools get overloaded and opt out or complete minimum requirements with negligible results. Competition occurs between priorities that are, at their core, focused on addressing similar or associated health and wellness issues. Thus, initiatives that build on cross-sector partnerships and collaborations with schools, enabling schools to address multiple priorities through one coordinated approach, are most likely to become institutionalized in schools and result in improved health and wellness outcomes as well as academic gains for students.

With new accountability systems and standards alongside many mandates, schools are forced to prioritize those issues to which they are held directly accountable. This situation can often result in schools complying with what is minimally required rather than fully embracing and implementing the spirit of the various mandates, in light of so many priorities. For instance, all New Jersey public schools are required to have an Anti-Bullying Specialist and this individual is required to chair a School Safety Team dedicated to developing, fostering, and maintaining a positive school climate.² However, this team is required to meet only two times per year and is often comprised of only a few individuals. In many schools, this team meets only the minimum requirements and operates as an isolated group.

In addition, local education agencies (LEAs) that participate in the National School Lunch Program and/or School Breakfast Program are also required to develop a wellness policy, a requirement established by the Child Nutrition and WIC Reauthorization Act of 2004 and further strengthened by the Healthy, Hunger-Free Kids Act of 2010 (HHFKA). The public must be permitted to participate in the wellness policy process.³ In some cases, LEA wellness policies specify that schools within the LEA should form school-based wellness councils or teams, a research-based best practice for achieving improved health and wellness outcomes for students. However, as of 2010, only 65% of high schools, 55.2% of middle schools, and 57.6% of all New Jersey schools had school wellness councils or teams in place, and many schools struggle to keep these teams focused and effective.

Greater and more effective impact could likely be achieved if School Safety Teams and school wellness teams, along with other teams within the school, were supported in functioning as one collaborative team that works together to achieve their related goals in coordinated ways. This type of approach could help schools realize cost savings by leveraging resources in a more streamlined way as well as result in greater community investment and involvement in comprehensive improvement strategies that are publicized as such.

² http://www.njleg.state.nj.us/2010/Bills/AL10/122_.PDF

³ <http://www.fns.usda.gov/sites/default/files/LWPproprulesummary.pdf>

A great opportunity exists to fund collaborations and partnerships that focus on comprehensive approaches to aligning, integrating, and leveraging existing school-based initiatives that support the health and well-being of youth within and across New Jersey communities.

Representative Focus Group Quotes

- *“School funding formulas are never completely funded. Schools prioritize what they need to do, but they can only work on so many issues at a time, including many unfunded mandates.”*
- *“New Jersey didn’t model what we wanted schools to do in coordinating health and wellness in schools. We talk a lot about having a lot of programs, and we do, but you are hard pressed to go into larger districts and find one person who knows what programs do and pulls them together.”*
- *“On face value, having a wellness committee could be a really great thing. The team could focus on all aspect of coordinated school health, engage parents and students, etc. This type of work would require taking the mandated model and going beyond the basic requirements, thinking holistically and developing a whole community wellness team effort. Health and wellness would be under an umbrella and people would come together on a regular basis. Right now, it’s another mandate and a matter of compliance rather than improvement.”*

In addition to the three major themes discussed above, focus group participants emphasized several additional areas of challenge and opportunity, including the following:

- **Lack of attention to adult health in schools is an under-recognized area that is negatively affecting the health of our youth.** School-based adults are under unprecedented levels of stress with the release of the Common Core State Standards and new evaluation systems. Adults may require additional support to address their own health needs to best serve those of their students. To optimally support students, staff must first take care of their own health and well-being. It is estimated that 30 percent - 50 percent of all teachers leave the profession within five years of starting (National Commission on Teaching and America’s Future, 2007), and teacher turnover costs the nation’s schools an estimated \$7.3 billion per year. Health promotion -- including health assessments, education, and fitness activities -- is designed to improve health and overall well-being through a commitment to healthy lifestyle choices. Health promotion for staff provides students with positive role models, increases staff morale, prevents absenteeism,

and increases productivity, all of which contribute to a healthy school climate for students (Using Coordinated School Health to Promote Mental Health for All Students, 2010). A potential “quick-win” in this area may be making school athletic facilities available to staff (e.g. pool, weight room, and gymnasium).

Representative Focus Group Quotes

- *“Effective implementation of school reforms is affecting school health, particularly employee wellness. Principals and teachers are so preoccupied and their stress level is so high.”*
- *“Staff model tends to be contingent upon who sits in the nurse’s office or wants to run special programs for staff. It’s rarely an organized program that you might see in the private sector.”*

- **Parents could benefit from additional education and resources to support the health of their children.** Parents are often under-educated about food choices and the basic health needs of their children. Further, parents are often in need of support to develop parenting skills that enable them to effectively influence the health and wellness of their children. Parents can be powerful advocates for their children’s health and well-being but parents need more opportunities to learn how to advocate effectively.

Representative Focus Group Quotes

- *“Parents need to be educated about food and basic health for children. Though some parents are aware in theory, we often don’t see in in implementation.”*
- *“Some parents are rigorous in their own health and fitness regimen but this doesn’t translate to the health and fitness of their children across the spectrum. Schools can only do so much.”*
- *“Parents are often the best advocates for their children. One group of parents created a healthy snack guide and shared it through the health and wellness partnership in Montclair. Other parents took the guide to their principals, leveraging local organizations to fund the printing. But not all parents have the resources or knowledge to know how to advocate effectively.”*

- **Nutrition should receive greater attention in the promotion of health and wellness.** Current health messaging primarily focuses on the importance of physical activity for maintaining health and wellness and nutrition is not given equal or sufficient attention.

Representative Focus Group Quotes

- *“School gardens and farm-to-school are important focuses for promoting nutrition. Children who grow food are more likely to eat fresh fruits and vegetables, which helps create healthy eaters.”*
 - *“Kids need to learn how to make the connection between what you put in your body and how you feel. Food is a central focus to everything we do.”*
 - *“Our health is impacted significantly by both physical activity and nutrition; however, most of the messaging is about physical activity. The messages about good nutrition are not out there sufficiently.”*
- **Prevention warrants greater attention in schools.** Prevention strategies are critical for addressing the root causes of health and wellness issues; however, prevention is difficult to measure. Better ways to evaluate the impact of prevention initiatives may lead to a greater focus on prevention in schools.

Representative Focus Group Quotes

- *“Prevention is hard to measure, which is a big sticking point. You need to be able to show impact to receive federal dollars.”*
 - *“Mandates for requiring health and physical education for every student grades 1-12 has been a saving grace, but the problem is we have changed in defense and not on offense.”*
- **There are many well-established, evidence-based practices (e.g. peer and adult-led mentoring) focused on prevention, but they thrive in isolated pockets rather than spreading quickly or expanding adequately statewide.** Schools and the state as a whole would benefit from improved mechanisms for sharing “what works” and more structured ways for replicating effective models.

Representative Focus Group Quotes

- *“We know mentorship models in schools work across different domains. There are well-established models and practices but they are not spread quickly or adequately and districts operate separately.”*
- *“Organizations in New Jersey have great models but we are not seeing these model practices spread.”*

Case Studies

This section includes three case studies, each of which plays out multiple themes or principles discussed above, and each of which demonstrates successes and challenges as educators and health professionals strive to support schools in integrating health and wellness into the fabric of schools' priorities in sustainable ways.

► *CASE STUDY 1: School Breakfast.*

The *New Jersey Food for Thought School Breakfast Campaign* has achieved significant success in New Jersey schools due to strong partnerships, leveraging government funding, creating a supportive policy environment, and effective stakeholder communications. From 2010 to 2013, the number of children receiving free/reduced-priced school breakfast rose an encouraging 35 percent, from about 136,000 children in October 2010 to nearly 184,000 in April 2013⁴. This increase is largely the result of more districts serving “breakfast after the bell,” which is the most effective strategy to ensure that all eligible students receive breakfast, in comparison to “grab-and-go” or before school programs. Following are key components that contributed to the success of this campaign:

- **A statewide steering committee was developed, including key stakeholder agencies.** Advocates for Children of New Jersey and the New Jersey Anti-Hunger Coalition, the New Jersey Departments of Agriculture, Education and Health, anti-hunger and health groups, New Jersey's major education associations, the Food Research and Action Center, the American Dairy Association and Council, and the Mid-Atlantic Dairy Association⁵ came together in a statewide steering committee that worked to build widespread support for school breakfast expansion and assisted local efforts to expand participation in the program.
- **Financial benefits for school participation are clearly outlined.** Federal government funding provides the necessary funding infrastructure for the initiative. Each year, the Campaign publishes data on how many low-income students are receiving breakfast in every New Jersey district with 20 percent or more children eligible for free/reduced-price breakfast. These statistics are used to identify districts that have low participation and to target outreach to school officials. Within this report, the Campaign also provides calculations of the amount of additional federal dollars school districts would receive if 100 percent of eligible children participated, thereby clearly highlighting the financial benefit to schools for participation.
- **Educational benefits for school participation are clearly outlined.** The Campaign communicates the benefits of eating breakfast in terms of educational outcomes to inform educators while simultaneously garnering their support for the initiative. The Campaign emphasizes research that shows that students who eat breakfast perform better academically, engage in less disruptive behavior, have fewer trips to the school nurse,

⁴ http://acnj.org/downloads/2013_09_01_3rdReport.pdf

⁵ http://acnj.org/downloads/2013_09_01_3rdReport.pdf

attend school more, come to school on time more often, and reduce their risk for childhood obesity.

- **The perceived barriers related to breakfast after the bell were partially addressed through policy.** A 2012 joint memo from New Jersey's Secretary of Agriculture and Commissioner of Education was sent to all schools to communicate their encouragement that breakfast be integrated in the classroom, along with approval of this time as instructional time rather than a separate time allocation in the school day.⁶ This support has helped to address criticism that breakfast after the bell interferes with instructional time; to the contrary, it validates the link between health and achievement. Further, earlier this year a New Jersey Assembly panel passed two bills to encourage additional participation in the initiative: one to increase the number of districts required to offer breakfast⁷ and one to require breakfast after the bell in districts where 40 percent or more of students are eligible for free or reduced meals⁸.

Despite the significant progress of this initiative, areas of continuing challenge and opportunity remain, including:

- **More progress is needed. Additional messaging addressing the stigma associated with free and reduced meals may support further progress.** Though progress has been made, there is significant work to be done. More than 500,000 New Jersey students are eligible for school breakfast, but only 36 percent of those students received it in April 2013, which means 320,000 children living in low-income families are missing out on school breakfast that can boost academic success. A contributing factor affecting the implementation of effective school breakfast programs is the stigma, for both districts and families, associated with receiving free or reduced meals.
- **A focus not just on providing breakfast, but on providing a healthy breakfast, is an important but challenging shift in both mindset and business practice.** Continued challenges exist not just in *providing* breakfast in effective ways for students but in ensuring that the breakfast provided, and all other meals provided through the school, is *healthy*. Standing contracts with food service providers pose barriers to providing healthier, fresher breakfast and other meal options for students. The contracts that school districts have with food service management companies reportedly lack transparency around costs and spending with protected vendors, which makes it difficult for advocates of healthier options to negotiate alternatives to better nutritional options. Though experts call for greater systemic changes to provide consistently healthy food options in schools, parents have proved to be important advocates in achieving changes in local communities. For instance, in Princeton, parents were outspoken advocates for providing healthier food options, challenging less healthy offerings of the food service provider that had been serving the district for fifteen years. When the food service contract was up for

⁶ <http://www.state.nj.us/health/fhs/shapingnj/newsletters/documents/Letter%20Supporting%20School%20Breakfast%20NJDOE%20&%20DAg.pdf>

⁷ http://www.njleg.state.nj.us/2014/Bills/S2000/1897_I1.HTM

⁸ http://www.njleg.state.nj.us/2014/Bills/A2500/2186_I1.HTM

renewal, the Princeton School Board sought proposals from multiple vendors and unanimously selected a different food service provider that offered healthier options. This effort was an integrated part of a district-wide wellness initiative that addresses topics including promoting healthy nutrition, balancing coursework with after-school activities and managing stress.⁹

Representative Focus Group Quotes

- *“Protected contracts are keeping bad food in schools. 75% of schools run through food service management companies, which lack transparency, have hidden costs, and protected vendors, etc. These contracts are very hard to dig up and understand, which in turn makes it hard to advocate for change as a parent, trying to figure out how to rip apart contracts and form an army. However, it was done in Princeton, after many years of hard work.”*
- *“Feeding children who are underserved is essential but we can’t forget that what we feed them is important. The USDA farm to school program is making great changes in this area.”*

► *CASE STUDY 2: Asthma.*

The Pediatric/Adult Asthma Coalition of New Jersey (PACNJ) has made significant progress in expanding more effective asthma policies to better manage asthma for children across New Jersey. About 11.9% of New Jersey children aged 5-12 have asthma and about 8.8% of New Jersey teens have asthma, disproportionately affecting Hispanic and Black children, and children from low-income households.¹⁰ About 27% of New Jersey teens with current asthma missed one to three days of school due to their asthma in the past year, while nearly 24% missed four or more days. If parents or guardians and a health care provider, preferably with input from the child’s school and especially the school nurse, deem it appropriate for a student to self-medicate and grant their authorization for their child to do so, it is beneficial to students with asthma to have unobstructed access to their medication before, during, and after school.¹¹ Students who self-administer their asthma medications can prevent or reduce the severity of asthma episodes.¹² Key contributing factors to their success included:

⁹ http://www.nj.com/mercer/index.ssf/2014/06/princeton_school_board_approves_contract_bringing_nutritious_foods_to_cafeterias.html

¹⁰ http://www.nj.gov/health/fhs/asthma/documents/asthma_teen.pdf,
http://www.nj.gov/health/fhs/asthma/documents/asthma_elementary.pdf

¹¹ <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448405/#r6>

¹² <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448405/#r7>

- **Partnerships were formed with key stakeholders across New Jersey.** In January 2000, the American Lung Association of New Jersey and the New Jersey Thoracic Society initiated the formation of The Pediatric/Adult Asthma Coalition of New Jersey (PACNJ) to act as a statewide clearinghouse for asthma programs and services. PACNJ has more than 70 members on six task forces working with schools, child care providers, health care providers, health insurers, community groups and environmental agencies to reach all individuals in New Jersey with the most effective methods for managing their asthma.¹³
- **A comprehensive approach was used to address asthma.** Several task forces were formed to focus on addressing asthma from multiple perspectives. The Child Care Task Force focuses on educating child care centers and family child care providers about steps to control asthma; the Community Task Force helps people with asthma follow their asthma plan; the Environmental Task Force works to improve air quality to control asthma triggers; the Quality Care Task Force teaches doctors and nurses to treat asthma using the latest advice from the National Heart, Lung and Blood Institute (NHBLI), the Physician Task Force promotes statewide use of the PACNJ Asthma Treatment Plan and the NHLBI guidelines for the diagnosis and management of asthma; and the School Task Force helps public and private schools in New Jersey take steps to control asthma. By taking this multi-pronged yet integrated approach, PACNJ was able to address problems contributing to asthma and problems associated with asthma management in a comprehensive way.
- **Regulations and policies supported more effective local action for asthma care.** New Jersey law requires boards of education to develop policies for the self-administration of asthma medication through the use of an inhaler while at school.¹⁴ Further, all New Jersey schools are required to have at least one nebulizer in the building (for which reimbursement is provided to the school) and provide annual training to school staff about asthma.¹⁵
- **An iterative and school-friendly approach helped identify and address challenges to success.** When PACNJ began in 2001, developing a uniform asthma treatment plan to be used by all schools across New Jersey was a primary goal. In 2005, PACNJ did a statewide survey of school nurses to assess the extent to which the asthma treatment plan was used in schools and to understand any barriers to use. More than 800 school nurses responded to the survey and PACNJ learned that the asthma treatment plan was used by 69% of respondents, though 61% of school nurses reported that physicians were not consistently completing the form and sending it to the school for use. School nurses also noted that illegible physician handwriting on completed asthma treatment plans was a challenge, as well as the amount of paperwork involved. In response to this feedback, PACNJ redesigned the asthma treatment plan and tested it with physicians and school

¹³ <http://www.pacnj.org/about.html>

¹⁴ NJ Stat Ann §18A:40-12.3 (West 2002).

¹⁵ New Jersey Law, N.J.S.A. 18A:40-12.9.

nurses to ensure that it addressed their concerns and was faster to complete. A memo to all schools was also sent out from the NJDOE informing schools that the only paperwork required of a school to properly treat a student with asthma was the asthma treatment plan. PACNJ also developed a PowerPoint presentation for schools to help them understand the asthma treatment plan, and sent it to approximately 2,500 schools upon request. In 2010, when they replicated the survey of school nurses, they found that 92% of school nurses were using asthma treatment plans and only 36% had continuing issues with physicians completing the plans.¹⁶

PACNJ has achieved significant progress, but **more children across New Jersey still need an asthma treatment plan or asthma action plan.** Only about 56% of New Jersey children aged 5-12 and 60% of teens with current asthma have been given an asthma treatment plan or asthma action plan by a health professional.¹⁷

Representative Focus Group Quotes

- *“Asthma is one health issue where many of the schools have stepped up.”*
- *“There shouldn’t be different rules on how you manage health conditions from one district to the next. Parents face different rules across the state.”*
- *“PACNJ and other groups have helped to standardize care but there are still discrepancies.”*

► ***CASE STUDY 3: Sustainable Jersey for Schools.***

Sustainable Jersey was launched in 2009 as a nonprofit, nonpartisan initiative designed to provide tools, training and financial incentives to support and reward communities as they pursue sustainability programs. To date, 414 New Jersey municipalities have registered to participate and 139 have achieved Sustainable Jersey certification. Last year, sponsored by a grant from the New Jersey School Boards Association (NJSBA), Sustainable Jersey began developing Sustainable Jersey for Schools using a similar development model, which is expected to launch in October 2014. The following factors may be important contributors to the success to date of Sustainable Jersey and the expected success of Sustainable Jersey for Schools:

- **Overlapping initiatives across New Jersey were recognized and leveraged.** In 2006, the Geraldine R. Dodge Foundation provided funding to create a network to support municipal progress toward sustainable development. Around this same time, a group of

¹⁶ Interview with Teresa Lampmann, Coordinating Manager of PACNJ on August 25, 2014.

¹⁷ http://www.nj.gov/health/fhs/asthma/documents/asthma_teen.pdf,
http://www.nj.gov/health/fhs/asthma/documents/asthma_elementary.pdf

mayors at the New Jersey League of Municipalities (NJLM) were forming a “green mayors” group and the New Jersey Department of Environmental Protection and the New Jersey Board of Public Utilities were working on similar sustainable community initiatives. The four parties agreed to collaborate under the banner of Sustainable Jersey.¹⁸

- **A cohesive, integrated, inclusive working group of key stakeholders was developed with dedicated task forces for specific issues.** In 2007, a Sustainable Communities Working Group was formed that consisted of approximately 150 New Jersey leaders, experts, and organizations including government agencies, non-profit organizations and businesses. Thirteen different task forces were established to identify specific aspects of each sustainability category of the certification program.¹⁹ In 2013, Sustainable Jersey for Schools began following a similar development model, forming a coalition of educational organizations and academic, business and state agency partners that are working together to define the program standards or actions with 12 task forces focusing on developing actions and resources in specific areas. Further, Sustainable Jersey for Schools is also actively working to establish connections between and provide support for school district achievement in other sustainability programs like the U.S. Department of Education Green Ribbon Schools, EcoSchools USA, and the NJ Green Program of Study or Project Learning Tree.
- **Municipalities, and soon schools, are incentivized to participate.** Municipalities, and soon schools, will work to take specific actions that achieve points. With certain numbers of points, municipalities can receive different levels of “certification.” Further, for registering with Sustainable Jersey and achieving certification, schools are eligible for sustainability-related grants and can receive priority consideration for funding.

Though the school program is still under development, the approach of Sustainable Jersey is cited as a best practice for bridging multiple fields of practice to create actionable resources and sustainable changes in school environments, in tandem with burgeoning results that are being achieved within municipalities across New Jersey.

Representative Focus Group Quotes

- *“The New Jersey School Board Association reaching out to Sustainable Jersey to develop a school track signals health and wellness rising to a new level of importance...a shift in recognizing that kids can’t learn if they are not well.”*
- *“There tend to be two separate circles: one of families and professionals interested in children’s health and one of people interested in sustainability. Sustainable Jersey is a good example of these circles coming together. Children need to be sustainable too.”*

¹⁸ <http://www.sustainablejersey.com/about/history/>

¹⁹ <http://www.sustainablejersey.com/about/history/>

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