

Navajo School Health and Diabetes Prevention Best Practice

Health Promotion/Disease Prevention Program

Navajo Area Indian Health Service

September 17, 2014

Learning Objectives

At the conclusion of this webinar session, the participants will be able to:

1. Describe the Navajo Area Coordinated Approaches to School Health (NCASH) project as a school health and obesity prevention best practice,
2. Identify at least two strategies to evaluate school health and obesity prevention, and
3. Discuss the importance of collaborative approaches to support school-based environmental changes for obesity prevention.

Navajo Area Health Promotion and Disease Prevention Program

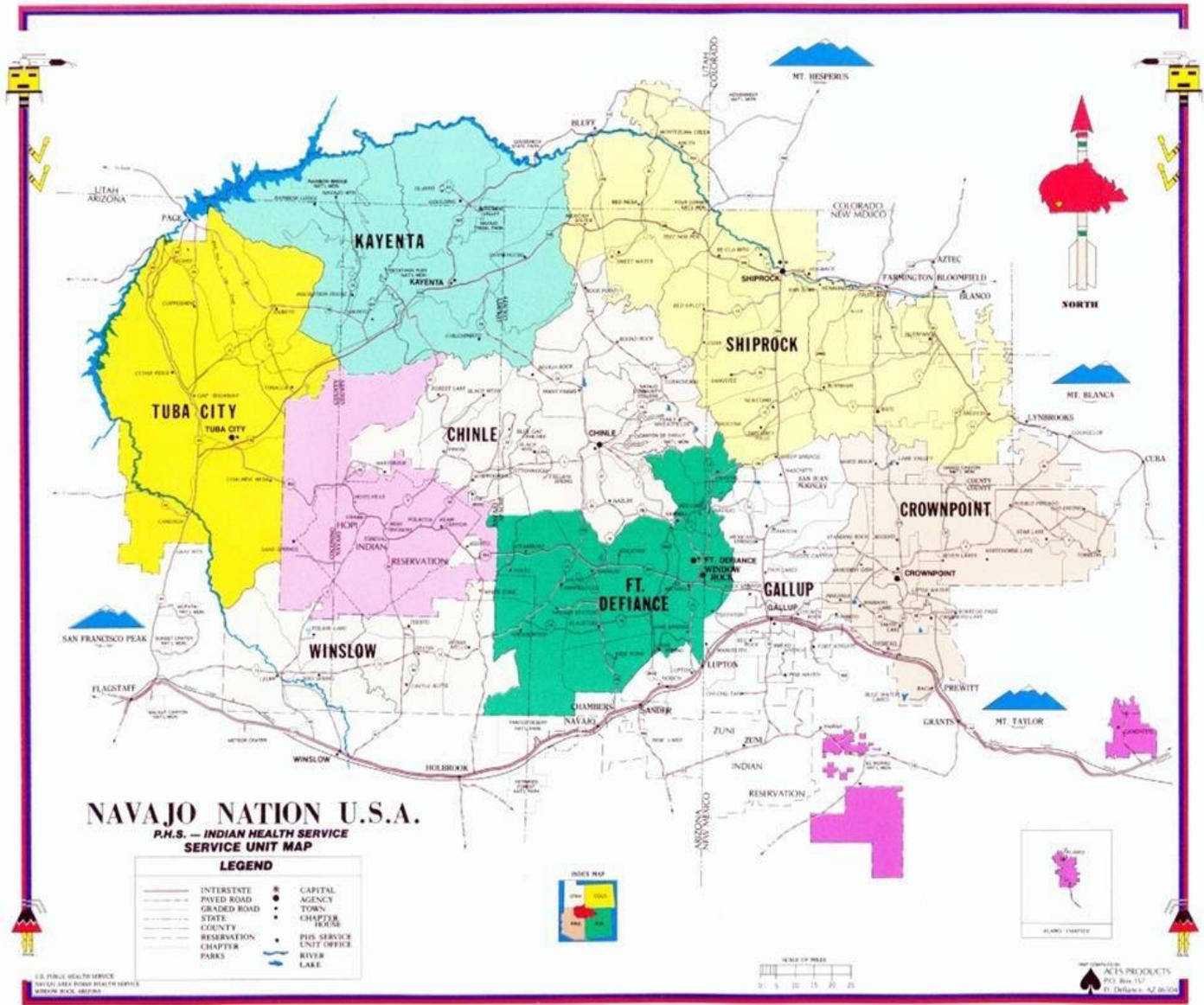


Four Directions Model

Use of HP Culturally Specific Programs, Functions, Services, and Activities

Community-based approaches to enable people to improve their health through

- Development of personal skills that support health
- Creation of environments supportive of health
- Community action through partnership
- Public health policy development
- Working with the health care system to improve health
- Building best/promising practices through evidence-based programs
- Integrate practice based activities



Obesity Facts

- Childhood obesity has more than doubled in children and quadrupled in adolescents in the past 30 years
- More than 39 percent of low-income American Indian and Alaska Native children ages 2 to 5 are overweight or obese
- Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming obese and developing related diseases

Source:

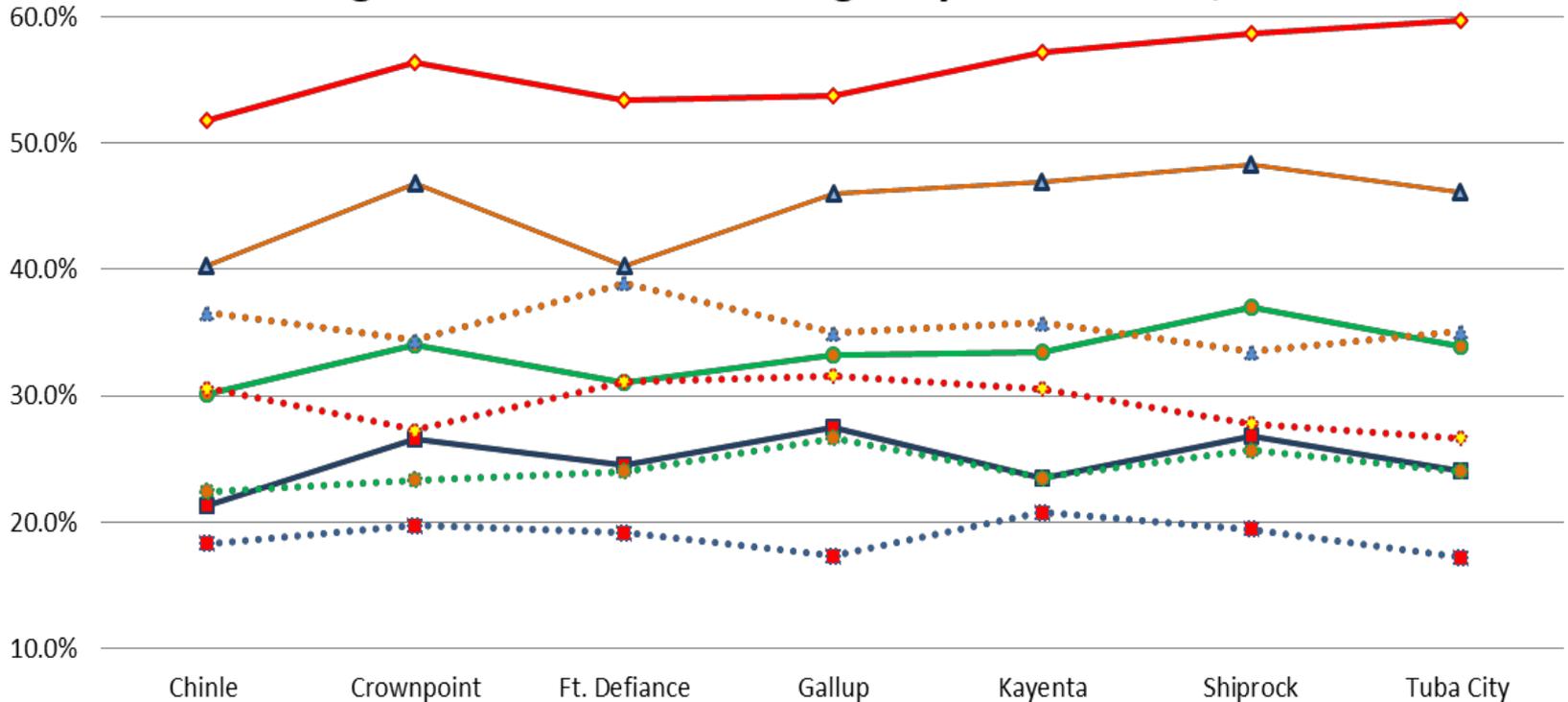
<http://www.cdc.gov/healthyyouth/obesity/facts.htm>

http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2010/rwjf59625

Navajo Area School Health -September 2014

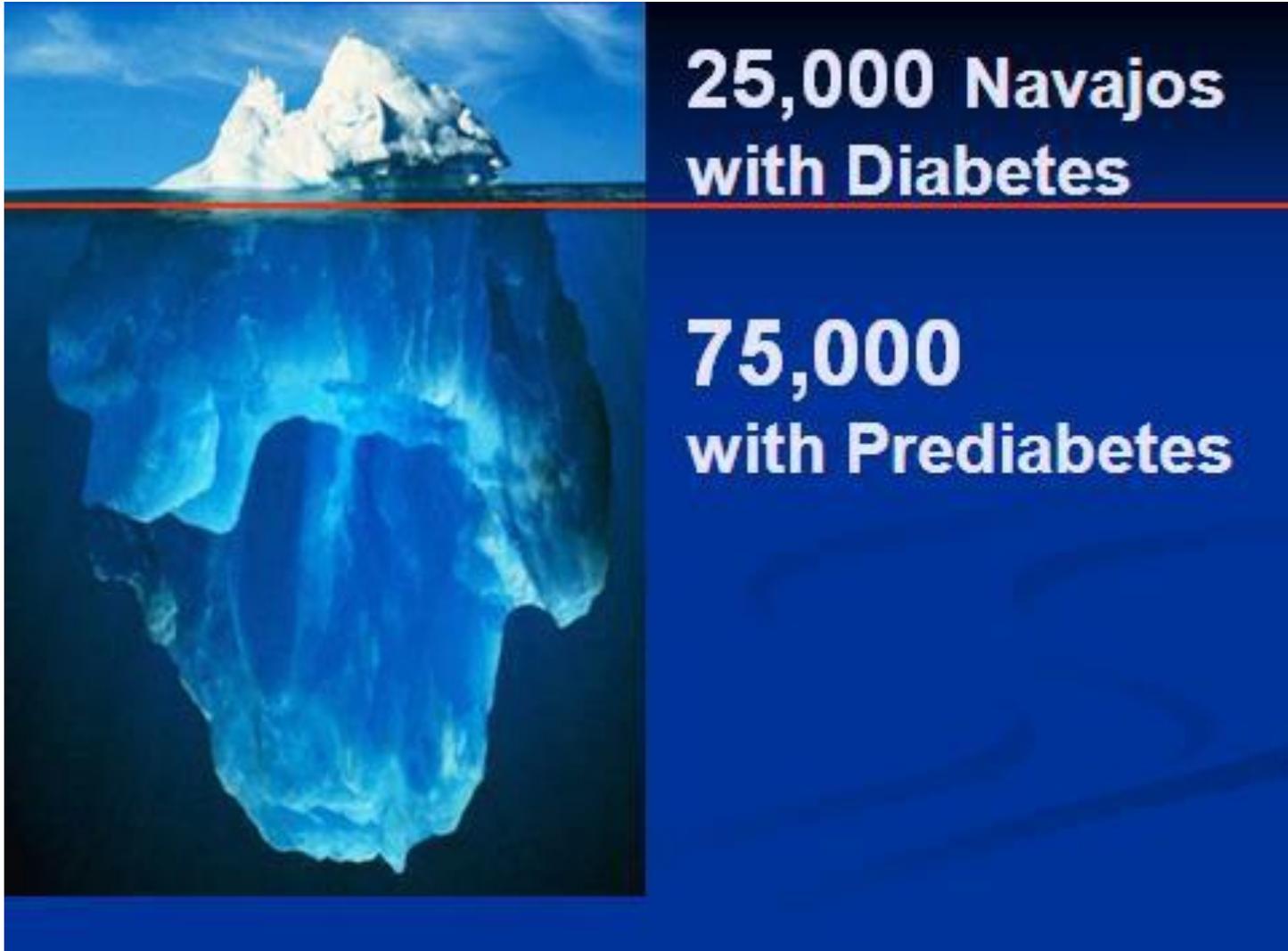
Overweight and Obese Percentages by Service Unit, 2009

Navajo Area Indian Health Service



- Age 2-11 (Overweight) ■■ Age 2-11 (Obese) ••••• Age 12-24 (Overweight) ●● Age 12-24 (Obese)
- Age 25-54 (Overweight) ◆◆ Age 25-54 (Obese) ••••• Age 55-74 (Overweight) ▲▲ Age 55-74 (Obese)

Overall, the highest percentage of patients identified as obese are those ages 25 to 54, the highest service unit is Tuba City with 60% of those with calculated BMIs.



According to Navajo Area Indian Health Service (NAIHS) there are **25,000** Navajos with diabetes and another **75,000** are pre-diabetic.



Navajo Coordinated Approaches to School Health (NCASH)

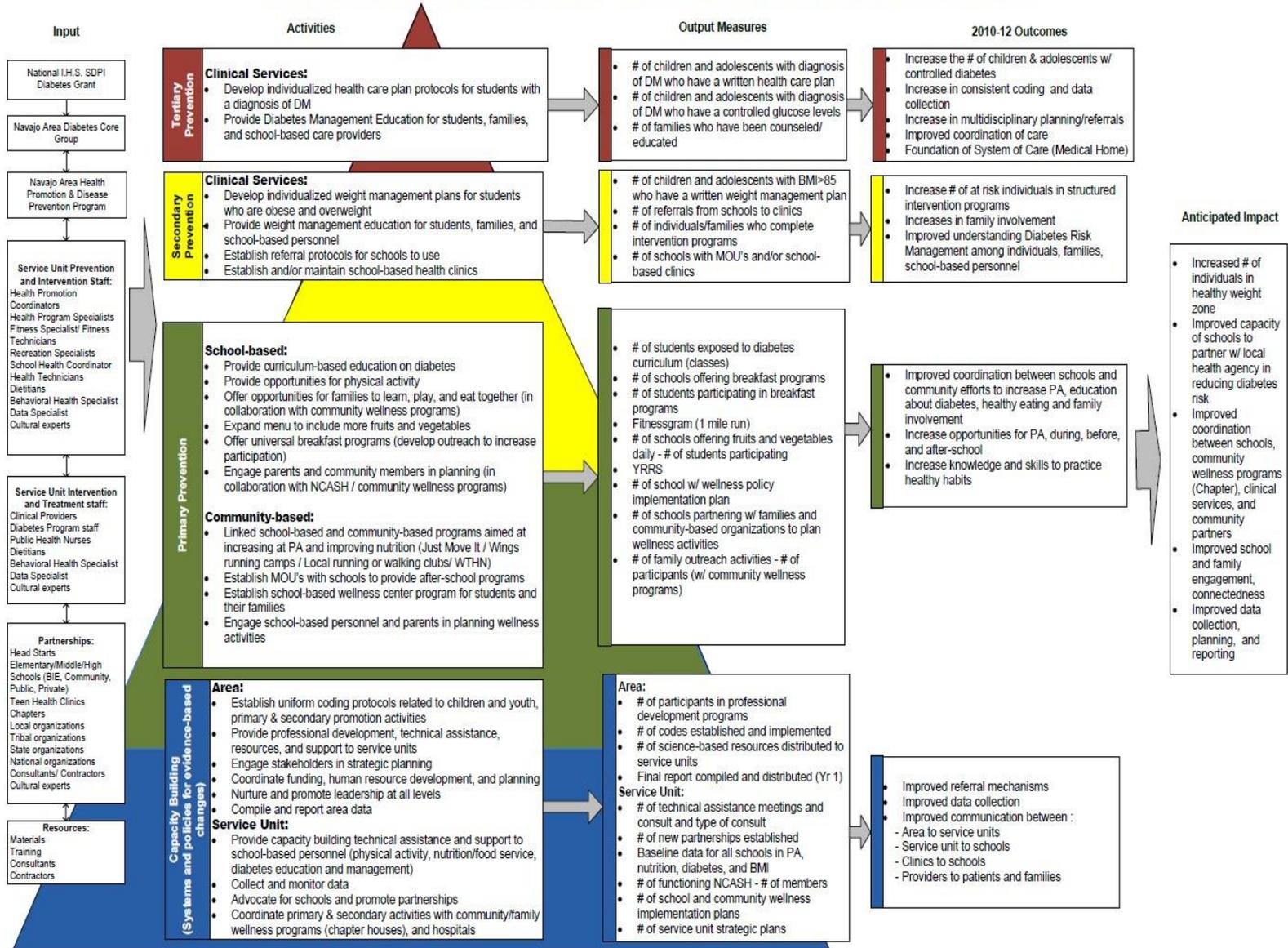
- NCASH is a best practice under Special Diabetes Program for Indians (SDPI)
- NCASH modified the previous Navajo Coordinated School Health Project (1997-2007)
- Began in School Year 2010-2011
- Fifth year of NCASH project
- Three cohorts

School Health and Diabetes Prevention Best Practice

The NCASH five goals are:

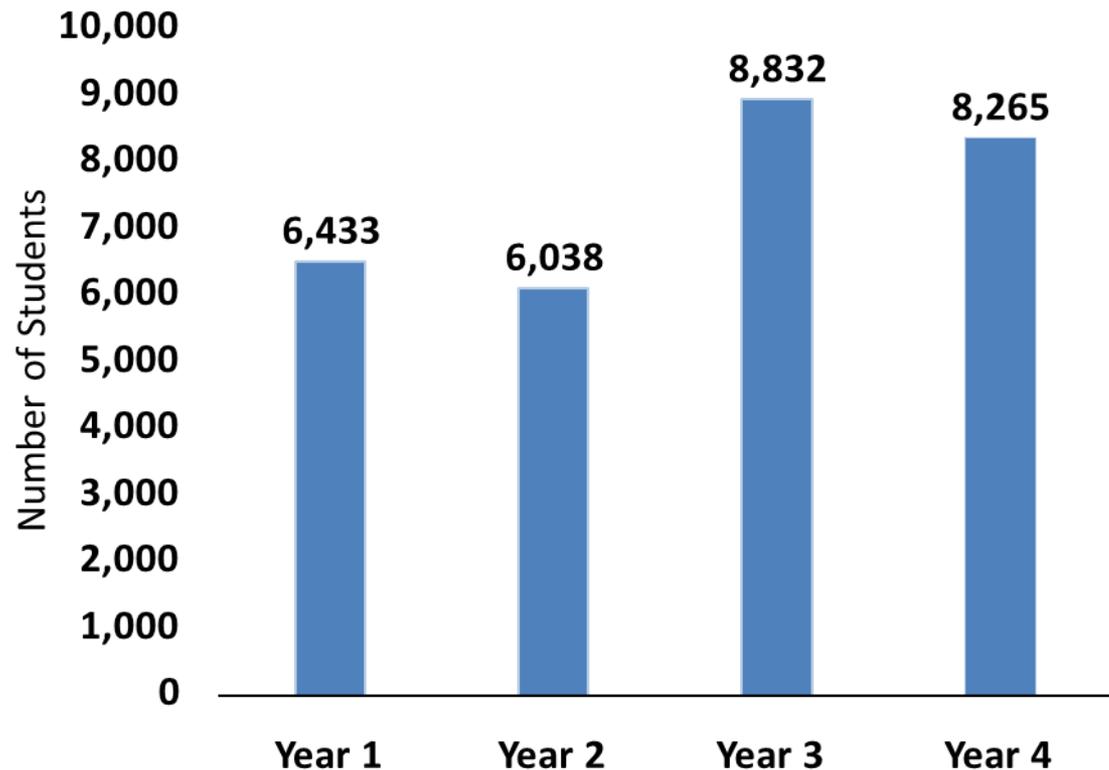
- Capacity Building
- Physical Activity & Education
- Culturally Appropriate Diabetes Education
- School Health Policies and Improvement
- Family & Community Involvement

Navajo Area Indian Health Service SDPI Grant – Youth Healthy Weight Project Logic Model (Draft 07/13/10)



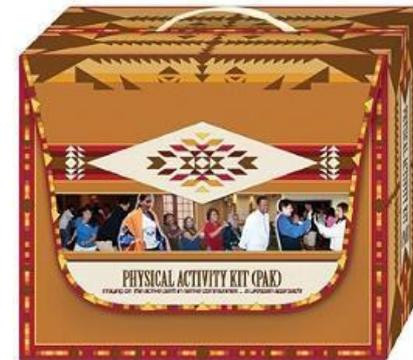
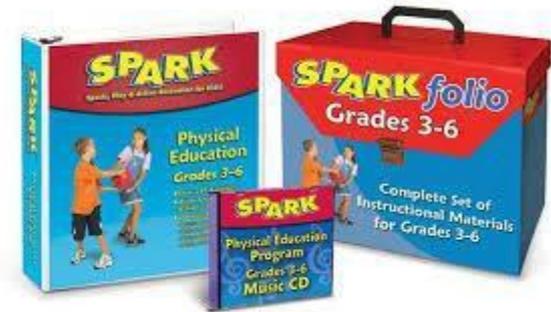
NCASH Demographics

Year	Number of Funded Schools
1	24
2	21
3	31
4	34
5	26



Goal 1: Capacity Building

- Skill building and competency in diabetes prevention
 - Educators
 - Health professionals
 - Community members
 - Family members
 - Community partners
- Funding to purchase materials and resources
- Establishing community partners



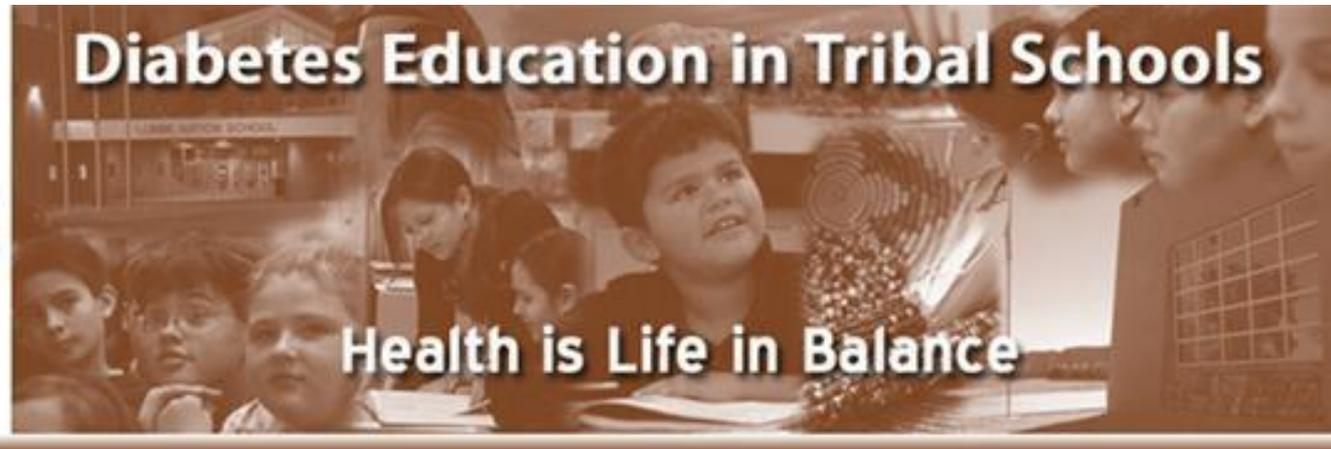
Goal 2: Physical Activity

- Achievement of 150 minutes of physical activity (PA) per week
- Health Education and PE Standards
- Fitness Education
- FitnessGram Testing
- Afterschool programs



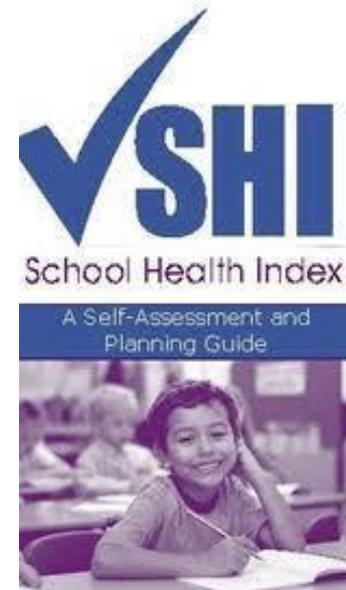
Goal 3: Diabetes Education

- All students receive classroom diabetes Education
- Diabetes and nutrition education provided by partners



Goal 4: School Policy and Environment

- Annually assess policies and enforcement of diabetes prevention related activities
 - Local School Wellness Policy
 - School Health Index
 - WellSAT
 - School Improvement Plan



Goal 5: Family and Community Involvement

- Incorporate active participation from parent and community members
- Diabetes education prevention opportunities
- Family and community fitness activities
- Cultural integration of wellness and personal health



Evaluation

Target Population

- Students
- School staff
- Federal Service Unit and 638 Tribal Health Organization HP Staff

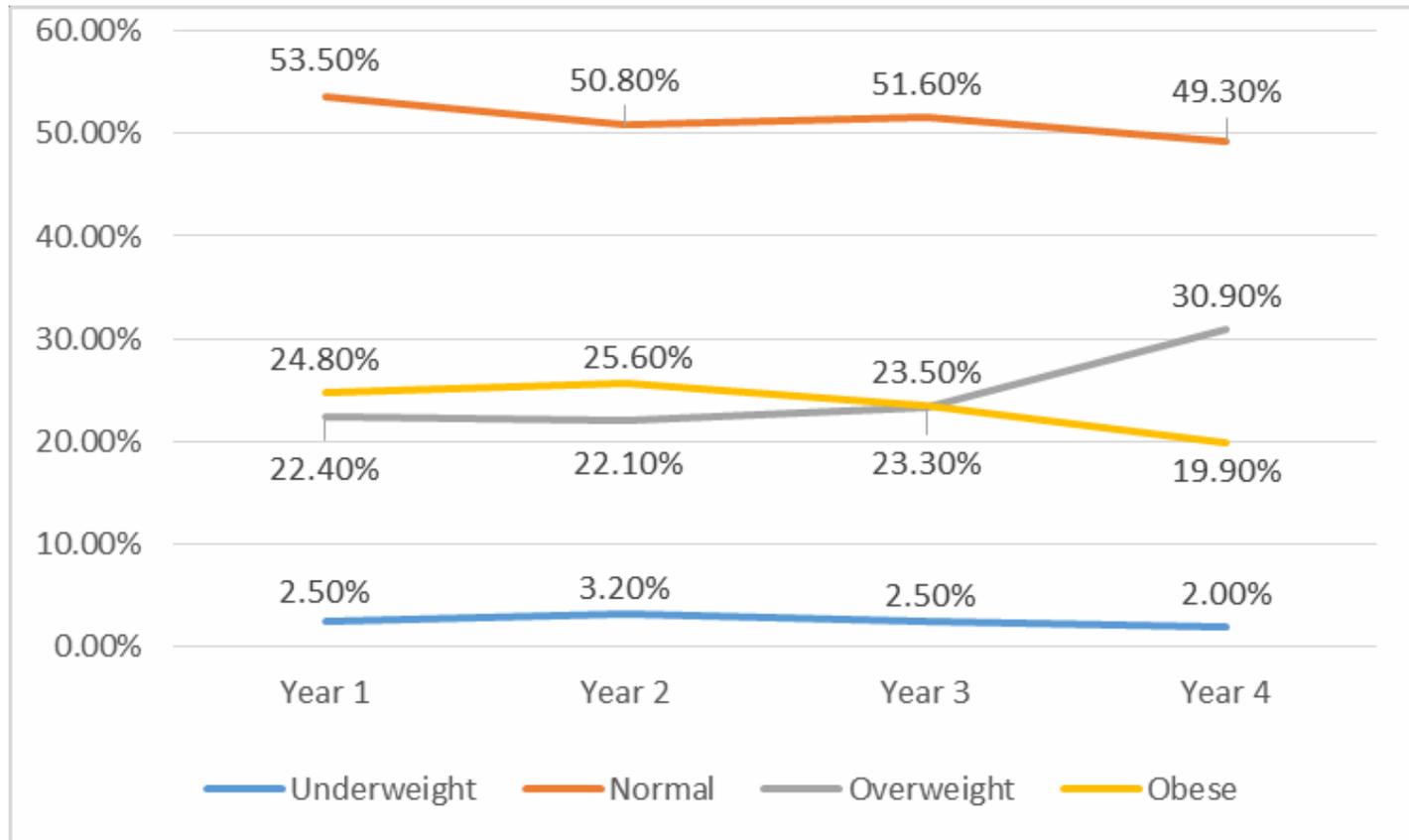
Methods

- Questionnaires
- Fitness assessments
- Reports
- Interviews
- Data Collection Forms
- Remark Office OMR

Body Mass Index Assessment

- FitnessGram (FG) Testing
 - Aerobic Capacity, Muscular Strength, Muscular Endurance, Flexibility, Body Composition
- Biannual fitness assessments
- Trained FitnessGram Administrators
- FitnessGram 10 Data Management System
- Long-term goal is to address patient-provider communication on FG results to prevent or treat obesity and diabetes mellitus

Four-Year BMI Trend



Note. School Year 2010-11 to 2013-14. Total student count range from 4,923 to 5,149. Year four percentages are unofficial.

Student Self-Reported Assessment

- Healthy Eating and Physical Activity Behavior Assessment
 - Fruit and Vegetable Consumption
 - Physical Activity Behaviors
- Annual assessment of youth in grades fourth to 12th
- Food models and posters to improve recall

School Health Index

- Eight Modules
 - School Health and Safety Policies and Environment
 - Health Education
 - Physical Education and Other Physical Activity Programs
 - Nutrition Services
 - School Health Services
 - School Counseling, Psychological, and Social Sciences
 - Health Promotion for Staff
 - Family and Community Involvement

Lessons Learned

- Strong administrative support required
- Pre-established work plans
- Standardized data collection forms
- Communication Protocol establishment
- Annual training for teachers and staff
- Differences in regions and type of schools
- Ongoing competing priorities (AYP)

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