

# 2024-2025

## Program description



# Building Healthy Communities:

## Reducing Health Disparities in Elementary Schools

More information can be found at [bcbsm.com/buildhealth](https://bcbsm.com/buildhealth)

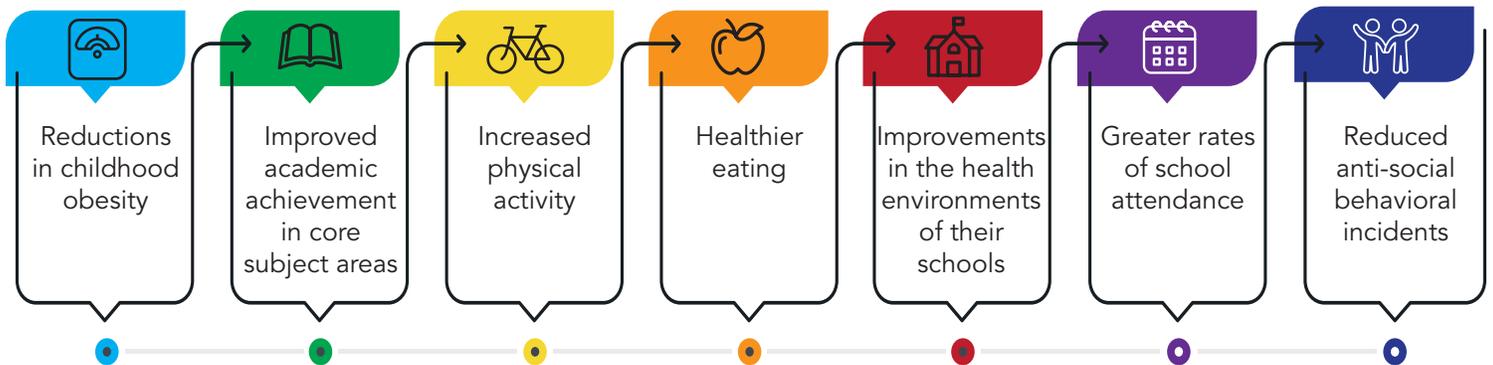


## Introduction

*Building Healthy Communities: Reducing Health Disparities in Elementary Schools* is a school-based program focused on addressing the social determinants of health that have contributed to wide disparities in many communities across Michigan. The program offers necessary resources and professional development to:

- Facilitate a healthier school environment
- Assist educators in recognizing issues of trauma that children may be experiencing that could affect their education
- Improve the mental health of children
- Increase school attendance and academic achievement
- Reduce communities highlighted by state and national data that illustrates rampant disparities in health, education and the economy

The program has a history of improving the health of Michigan's children. Scientific evidence from program evaluation shows that children who attend schools that implement Building Healthy Communities demonstrate significant:



These results are achieved by:

- Teaching the importance of healthy lifestyles focused on physical activity and healthy eating
- Providing opportunities before, during and after school to be active and eat healthy
- Supporting educators with comprehensive professional development, curricula, equipment and mentoring to make implementation easy
- Supplying children, educators and families with education, resources and strategies to extend healthy lifestyle lessons into the home environment

## 2024-2025 Opportunity

Based on over a decade of success in reducing social disparities in many Michigan communities, we're doubling down on our efforts to support the most vulnerable communities by further enhancing the program and shifting the strategy toward meeting the needs of these communities.

Building Healthy Communities: Reducing Health Disparities in Elementary Schools is recruiting entire school districts to implement the program in all their elementary schools. This is an intentional and coordinated effort to facilitate sustainable, systemwide changes focused on healthy living opportunities. It provides access to healthy foods, safe places to be physically active, trauma-sensitive classrooms and health policies throughout entire communities.

The program has evolved to increase the quantity and quality of support that each district and school building will receive to implement the program. Expanded physical activity and healthy eating equipment, curriculum, physical and mental health resources, and technologies will be integrated at each school. Expert guidance and technical assistance will be provided at the district and school building level. Administrators, teachers, related school personnel and parents will all have access to at-school, virtual and other support and mentoring to make the program a success. A focus on trauma-sensitive schooling and bridging the school-to-family divide will ensure the program addresses the unique experiences that children living in under-resourced communities often face, and that families are a centerpiece of the school transformation process.

Together, these evolutions will enable the program to have the greatest possible affect in Michigan communities with the most troubling disparities. This evolution is both timely and essential to promote sustainable, long-term improvement to the social determinants of health for countless children and families.



## Program impact

Building Healthy Communities: Reducing Health Disparities in Elementary Schools is being made available to school districts through a collaboration between Blue Cross Blue Shield of Michigan, Michigan Fitness Foundation, United Dairy Industry of Michigan and Wayne State University Center for Health & Community Impact.

The program is committed to reducing disparities by addressing the social determinants of health of children and families across Michigan by transforming school district policies and elementary school environments. Since 2009, the program has been implemented in more than 400 elementary schools, supporting more than 10,000 educators and helping to improve the health outcomes of more than 155,000 children and families.

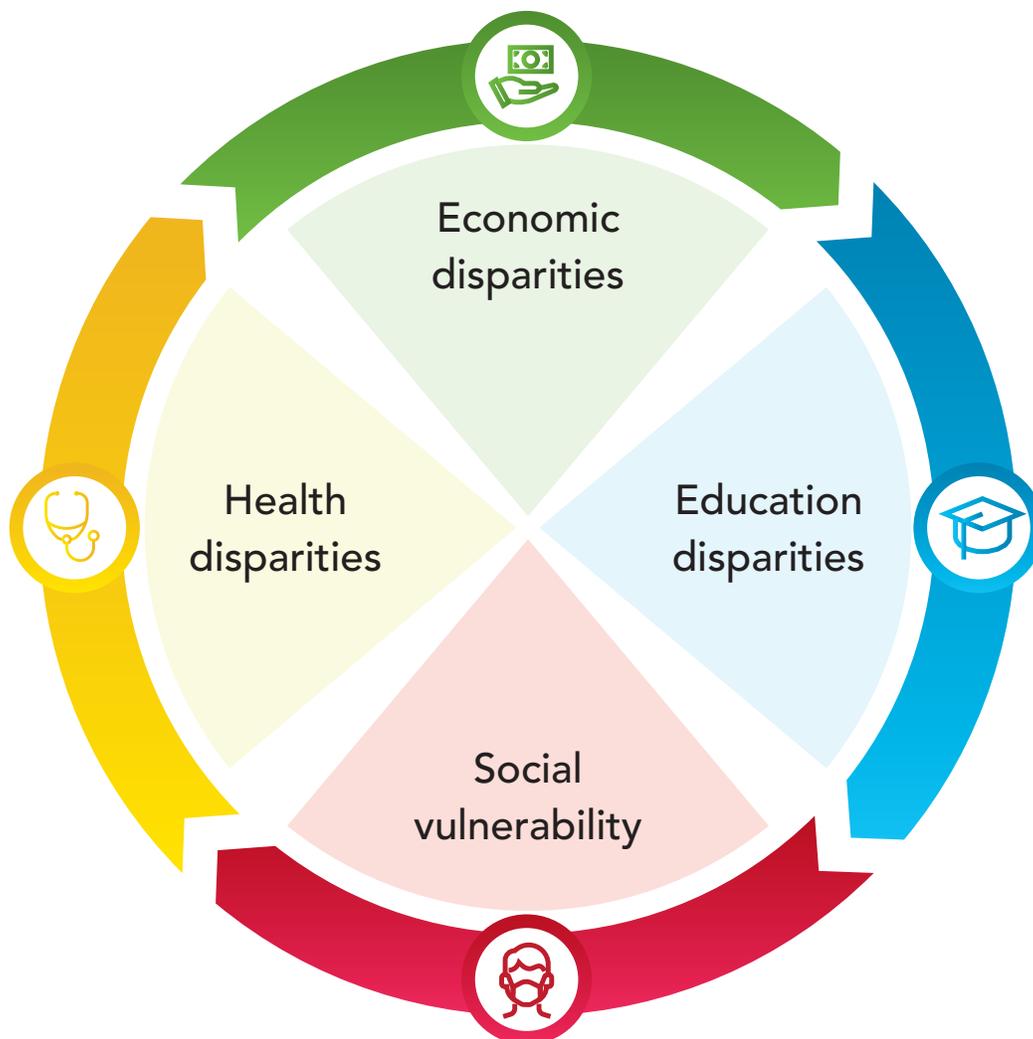
# Disparities and inequalities

According to a number of factors, including the Social Vulnerability Index developed by the U.S. Centers for Disease Control and Prevention, there are vast disparities across different Michigan communities in relation to obesity rates, chronic diseases, morbidity and mortality, mental health (for example, instance of trauma and child abuse) and an array of other health metrics.

Significant education disparities also negatively affect vulnerable communities across all measures of school success (especially school attendance), and those disparities have been compounded greatly by the pandemic.

In addition, many of these disparities are directly tied to similar economic disparities that inhibit equitable opportunities available to community members.

These indicators demonstrate that residents in under-resourced communities are more likely to be less healthy and have lower rates of school achievement. The interconnected nature of these four disparities and the significant influences they have in underserved communities forms the foundation for their social determinants of health and exemplifies the dire need for programs, such as Building Healthy Communities.



# Eligibility and program requirements

Using state and national data documenting health, education and economic disparities throughout Michigan communities, we are recruiting school districts to join the Building Healthy Communities program where these disparities affect residents the most. We're presenting the opportunity to central district administrators, school-level administrators and teachers in an effort to achieve districtwide support and commitment.



Participation in Building Healthy Communities: Reducing Health Disparities in Elementary Schools requires a school district to:

- Complete a Memorandum of Understanding between the school district and the program.
- Secure support from central district administrators, school-level administrators and teachers.
- Make sure all elementary schools in the district participate.
- Commit to implementing the entire program. Each district is unique, and discussions are welcome to address modification requests to successfully integrate the program in all elementary schools.



## Support districts will receive:

- First, each elementary school will be assigned a **healthy school coordinator** from Wayne State University to provide on-site and virtual support, training and resources to ensure the entire program integrates with the unique context of each school and is successfully implemented throughout the year.
- Second, the healthy school coordinator will collaborate with building administrators to identify and train a paid, on-site **healthy school champion** who will assist all building personnel with implementing the program and navigating challenges that may arise.
- Third, all school personnel will have access to the Building Healthy Communities website portal that contains all program training, curricula and resources in a virtual, convenient and easy-to-use format.

# District level approach

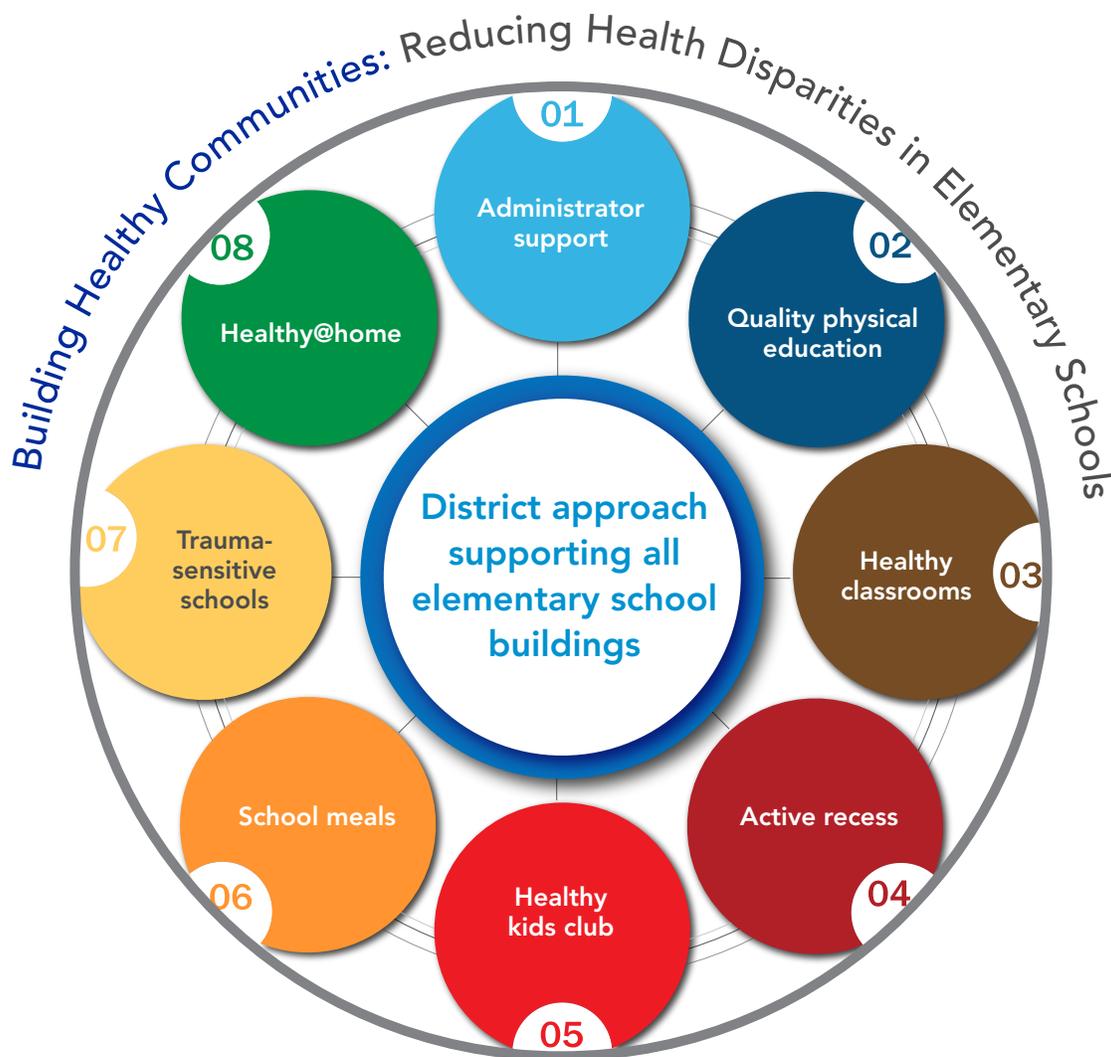
The program is designed to transform the health of an entire community by implementing the program at a district level and in all elementary schools in the district. At the district level, the BHC healthy school coordinator will work collaboratively with appointed district administrators to obtain the district's current local school wellness policy, evaluate its strengths and weaknesses, identify ways to potentially strengthen it and provide recommendations for improvement to better comply with the Michigan Department of Education's Local School Wellness Policy requirements and guidelines.

The process will be guided by the Health School Action Tools, or HSAT, District Assessment (<https://www.mihealthtools.org/hsat/about.asp>).

# The elementary school model

There are eight core components that together enhance the health environment of each elementary school and surround children with inclusive education, resources and opportunities to live healthy lives.

Each program component description includes the school commitment and the professional development, mentoring, equipment, curricula and resources the school will receive to implement the component.



# 1

## Administrator support



Engaged and supportive school administrators are vital to successful healthy school initiatives. In the program, school administrators:

- Provide vocal support to the school community about the importance of promoting community health through the school initiative.
- Allow program banners, posters and other signage to be displayed.
- Ensure that Healthy Tips of the Day are shared with the school community in a manner appropriate for the school.
- Identify optimal training times for staff during the year.
- Help identify someone to serve as a paid, on-site healthy school champion.
- Identify the most effective ways of communicating social media opportunities, Healthy@Home programs and other healthy living resources with parents and caregivers.

# 2

## Quality physical education



Physical education is the foundation of healthy schools and guided by state and national standards. It teaches the knowledge, attitudes and skills to be active for life. Physically active children are more likely to be active adults and have reduced rates of obesity and chronic disease. Physical educators teach quality curriculum appropriate for all students, participate in short professional development modules and receive the following equipment and support:

- A short, virtual orientation on quality physical education
- The Exemplary Physical Education Curriculum and training video
- Convenient access to a clearinghouse of diverse, standards-based and virtual PE activities and curricula that are prepackaged for easy implementation
- Short virtual professional development training modules covering many aspects of quality physical education
- A large package of lifetime-guaranteed physical education equipment that allows all students of all abilities to participate in physical education

# 3

## Healthy classrooms

Classroom policies that support health and make healthy choices easy are a key companion to nutrition education and physical activity breaks to increase students' ability to learn, remain focused and behave appropriately. Using the following resources, classroom teachers offer short nutrition lessons monthly, incorporate physical activity breaks daily and integrate healthy classroom policies:

- On-site and virtual professional development in establishing a healthy classroom environment and the benefits of physical activity in learning
- Easily accessible virtual nutrition education lessons designed to be inclusive and support all types of learners
- Fun and easily accessible virtual physical activity breaks for classrooms
- Healthy@Home virtual healthy living resources to share with parents and caregivers to complement lessons learned in the classroom and the broader program
- Resources and guidance on healthy classroom policies



# 4

## Active recess



Recess provides children with valuable opportunities to participate in physical activities that enhance health, social interaction, learning readiness and appropriate classroom behavior. Recess monitors and students receive the following resources and support:

- On-site and virtual training and countless easy and fun games to promote activity and fun games during recess
- A generously stocked mobile cart containing physical activity equipment for all types of games and activities
- Activity cards attached to the recess cart with numerous easy and fun games

# 5

## Healthy Kids Club

Before- or after-school opportunities for physical activity and nutrition education give students yet another environment to practice making healthy choices, which is especially important in under-resourced communities that lack opportunities outside school. By working with after-school programs or clubs or establishing a new opportunity, paid club leaders host weekly sessions supported by the following resources:

- Short in-person and virtual training modules on partnering with or implementing new before- or after- school programs successfully
- Access to a clearinghouse of fun walking and running activities, games and nutrition education activities
- Funding to support a dedicated Healthy Kids Club leader to run the after-school program
- Funds to provide healthy snacks at each club session



# 6

## School meals

Increasing the food quality, school meal participation and efficient delivery of school meals is critical to supporting children's health, especially in under-resourced communities with increased food insecurity. Food service leaders receive the following resources and support to examine their district food systems and identify opportunities for enhanced operations:

- On-site and virtual support to assess the current food service program, identify potential areas for enhancement and implement strategies to improve operations
- Direct guidance and support from the United Dairy Industry of Michigan and other organizations focused on school food systems (for example, the School Nutrition Association of Michigan)
- Equipment, resources and other supports to implement the identified enhancements to school food system

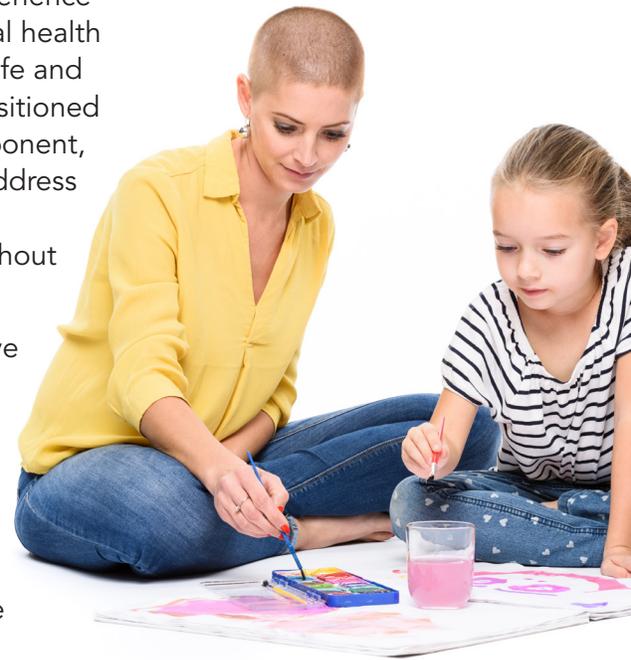


# 7

## Trauma-sensitive schools

Children living in under-resourced communities disproportionately experience many forms of trauma and daily stressors that can influence their mental health and well-being, socialization with other children and adults, quality of life and educational performance. Administrators and teachers are uniquely positioned to recognize and mitigate the effects of trauma in schools. In this component, we provide training that supports school personnel to recognize and address trauma, resources to help students manage stress and their emotions successfully, and tools for integrating trauma-sensitive practices throughout the school. Schools will receive:

- Short, virtual professional development modules on trauma-sensitive school practices, the effect of trauma on learning and how to help traumatized children succeed at school
- A series of popular trauma-sensitive Yoga Ed videos that help students, for example, the in classrooms
- Resources for restorative educational practices
- In-person or virtual professional development from trauma sensitive schooling experts



# 8

## Healthy@Home



To achieve reduction in various social disparities, healthy school initiatives must link with healthy home environments by equipping families with healthy living education, resources and opportunities. Parents and caregivers receive regular programming through multiple sources.

- Parents and caregivers are given access and encouragement through school administrators, teachers, social media and the Building Healthy Communities website to implement the Healthy@Home program. It's designed to complement students' experiences during school and contains fun and informative physical activity, healthy eating and mental health and well-being resources and activities to do outside school.



## Evaluating the healthy school transformation

Evaluation is critical to understanding the success of this program in addressing the social determinants of health and reducing social disparities. It measures changes to school and home environments; stakeholder perspectives; challenges, barriers and successes; teachers' awareness of trauma and its impact in the classroom; and the program's effect on students' physical and mental health, school attendance and academic achievement. Program fidelity will be reported through regular assessments by the healthy school coordinator and healthy school champion. In addition, all school stakeholders will complete short, year-end surveys intended to capture their unique perspectives of the program. All data is fully confidential, and subsequent reports won't identify school names or individuals. All public reports will be anonymous regarding districts, schools and individuals. Schools and districts will receive a program report at the end of the academic year.



A collaboration between



Supporters

