

2020 Model Practices

Applicant Information

Full Name:

Nicole Bungum

Company:

Title:

Email:

bungum@snhd.org

Phone:

702-759-1269

City:

Las Vegas

State:

NV

Zip:

89127

Size

Select a size: *

Small (0-50,000) Medium (50,000-499,999) Large (500,000+)

Application Information

Local Health Department/Organization Name: *

Southern Nevada Health District

Title of Practice: *

Developing Successful Health Programs for Elementary School Students with Community Partnerships

Submitter Name: *

Mindy Meacham

Submitter Title: *

Health Educator II

Submitter Email: *

meacham@snhd.org

Submitter Phone Number: *

702-759-1275

City: *

Las Vegas

State: *

NV

Zip Code: *

89141

Practice Categories

Model and Promising Practices are stored in an online searchable database. Applications may align with more than one practice category. Please select the most relevant category that applies most to your practice: : *

<input type="checkbox"/> Access to Care	<input type="checkbox"/> Advocacy and Policy Making	<input type="checkbox"/> Animal Control	<input checked="" type="checkbox"/> Coalitions and Partnerships	<input type="checkbox"/> Communications/Public Relations
<input type="checkbox"/> Community Involvement	<input type="checkbox"/> Cultural Competence	<input type="checkbox"/> Emergency Preparedness	<input type="checkbox"/> Environmental Health	<input type="checkbox"/> Food Safety
<input type="checkbox"/> Global Climate Change	<input type="checkbox"/> Health Equity	<input type="checkbox"/> HIV/STI	<input type="checkbox"/> Immunization	<input type="checkbox"/> Infectious Disease
<input type="checkbox"/> Information Technology	<input type="checkbox"/> Injury and Violence Prevention	<input type="checkbox"/> Marketing and Promotion	<input type="checkbox"/> Maternal-Child and Adolescent Health	<input type="checkbox"/> Organizational Practices
<input type="checkbox"/> Other	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Quality Improvement	<input type="checkbox"/> Research and Evaluation	<input type="checkbox"/> Tobacco
<input type="checkbox"/> Vector Control	<input type="checkbox"/> Water Quality	<input type="checkbox"/> Workforce		

Model and Promising Practices are stored in an online searchable database. Applications may align with more than one practice category. Please select the second most relevant category that applies most to your practice: : *

<input type="checkbox"/> Access to Care	<input type="checkbox"/> Advocacy and Policy Making	<input type="checkbox"/> Animal Control	<input type="checkbox"/> Coalitions and Partnerships	<input checked="" type="checkbox"/> Communications/Public Relations
<input type="checkbox"/> Community Involvement	<input type="checkbox"/> Cultural Competence	<input type="checkbox"/> Emergency Preparedness	<input type="checkbox"/> Environmental Health	<input type="checkbox"/> Food Safety
<input type="checkbox"/> Global Climate Change	<input type="checkbox"/> Health Equity	<input type="checkbox"/> HIV/STI	<input type="checkbox"/> Immunization	<input type="checkbox"/> Infectious Disease
<input type="checkbox"/> Information Technology	<input type="checkbox"/> Injury and Violence Prevention	<input type="checkbox"/> Marketing and Promotion	<input type="checkbox"/> Maternal-Child and Adolescent Health	<input type="checkbox"/> Organizational Practices
<input type="checkbox"/> Other	<input type="checkbox"/> Primary Care	<input type="checkbox"/> Quality Improvement	<input type="checkbox"/> Research and Evaluation	<input type="checkbox"/> Tobacco
<input type="checkbox"/> Vector Control	<input type="checkbox"/> Water Quality	<input type="checkbox"/> Workforce		

Overview: Provide a brief summary of the practice in this section (750 Word Maximum)

Your summary must address all the questions below:

- Brief description of LHD- location, demographics of population served in your community.
- Describe public health issue.
- Goals and objectives of the proposed practice.
- How was the practice implemented/activities.
- Results/Outcomes (list process milestones and intended/actual outcomes and impacts).
- Were all of the objectives met?
- What specific factors led to the success of this practice?
- Public Health impact of practice.
- Website for your program, or LHD.

The Southern Nevada Health District (SNHD) is the statutorily authorized local public health authority serving the designated geographic area of Clark County, located in Southern Nevada. SNHD is one of the largest local public health organizations in the U.S.. and serves the public health needs of over 2 million people (73% of Nevada's population) and 46 million visitors annually. SNHD serves Clark County's racially and ethnically diverse residents of whom 30% are Hispanic. Nearly 22% of residents are foreign born and more than 34% speak a language other than English at home. The Clark County School District (CCSD) is the 5th largest school district in the country serving over 320,000 students in more than 350 schools. CCSD is also one of the most diverse districts in the country with almost 75% of all students identifying as a racial or ethnic minority. Nearly 64% of all CCSD students are eligible for Free and Reduced-price Lunch.

SNHD is concerned about the rising obesity rate among youth in our community. According to the most recent Youth Risk Behavioral Surveillance System data (YRBSS), a combined 29% of youth in Clark County are either obese or overweight. Physical inactivity rates among youth are at 15% and the percentage of youth who report playing video or computer games or using a computer for non-educational purposes for more than 3 hours a day is 40%. YBRSS data indicate that only about 10% of youth in Clark County eat vegetables 3 or more times a day and only about 25% of youth are consuming fruit at least 2 times per day.

The goal of the Slam Dunk Health (SDH) program is to utilize creative partnerships with community organizations to influence and encourage youth to be more physically active and to increase fruit and vegetable consumption. Specific objectives include establishing community partnerships, securing participation from at least 100 schools (65% of which have a free and reduce lunch rate of >50%) and enrolling at least 10,000 students in the program.

SNHD leveraged relationships with the Las Vegas Aces Womens National Basketball Association (WNBA) team and CCSD to develop, implement and evaluate the Slam Dunk Health program. The program is marketed to teachers of grades 1-5 in CCSD schools. Students earn points for each fruit or vegetable they consume and for each 15-minute block of physical activity they complete. Participating classrooms can earn points by incorporating short physical activity breaks into the school day. Students track their daily points on a classroom tracking poster. The poster and all program materials were provided to participating classrooms. Additional materials including optional lesson plans and weekly videos featuring Aces players encouraging students to stay active and eat healthy were available to teachers to use in their classroom during the program. At the end of the program, teachers submit total points earned by their class along with total number of participants to SNHD. The classroom in each grade with the highest average number of points wins tickets to a Las Vegas Aces game and a classroom visit from players and coaches from the team. The first year of implementation saw 102 schools with at least one participating classroom participate in the program (568 classrooms in total). Seventy-seven (77%) of the schools that participated had a free and reduced lunch rate of >50% and over 13,000 students were signed up to participate in the program. All process program objectives were met.

An evaluation consisting of pre/post data from a sample of participating classrooms was conducted. SPSS was used to run a t-test to compare variables. The analysis found that post scores for physical activity/fruit and vegetable points and 6 of the 8 other variables all improved. There were slight (but not significant) decreases in 2 of the 8 indicators. Total points from pre to post was the only significant change ($p<.05$). These results indicate that the Slam Dunk Health Program can be effective in increasing physical activity/fruit and vegetable consumption among students participating in the program. Also significant was the development and leveraging of community partnerships to develop and implement the program. These partnerships are also critical for sustainability of the program.

Factors contributing to success include leveraging relationships and resources to develop a fun, interactive program that was not burdensome to implement in a classroom setting. The public health impact of the practice is to demonstrate that cultivating and leveraging partnerships to support public health-initiatives is critical. Programs that are cost-effective and effectively utilize resources contributed by partners increase the likelihood of implementation and sustainability.

For more information on the program, please visit the website: <https://gethealthyclarkcounty.org/community-tools/schools-teachers/>

Responsiveness and Innovation

A Model Practice must be responsive to a particular local public health problem or concern. An innovative practice must be -

1. new to the field of public health (and not just new to your health department) OR
2. a creative use of an existing tool or practice, including but not limited to use of an Advanced Practice Centers (APC) development tool, The Guide to Community Preventive Services, Healthy People 2020 (HP 2020), Mobilizing for Action through Planning and Partnerships (MAPP), Protocol for Assessing Community Excellence in Environmental Health (PACE EH). Examples of an inventive use of an existing tool or practice are: tailoring to meet the needs of a specific population, adapting from a different discipline, or improving the content.

Please state the Responsiveness and Innovation of your practice : *

The Southern Nevada Health District partnered with the Clark County School District's School-Community Partnership office and a local professional sports team, the WNBA's Las Vegas Aces, to develop a new program that would be fun and effective at helping students understand and implement healthy eating and physical activity habits. The program content was based, in part, on the Physical Activity Guidelines for Americans and MyPlate guidelines. Using feedback from classroom teachers, the program was developed to be implemented in a classroom setting. The program was fun and interactive but did not require significant classroom time for implementation so as not to compete with required time needed for core subject areas. Optional lesson plans were provided for teachers who wanted to encourage healthy eating and physical activity by integrating them into core subject lessons (math, science, etc.) Very few supplies are needed for implementation and classroom materials are provided by SNHD. The involvement of a high-profile community partner (Las Vegas Aces) was an innovative collaboration that increased the utilization and participation in the program and partnership with CCSD facilitated access to students in the 5th largest school district in the country.

LHD and Community Collaboration

The LHD should have a role in the practice's development and/or implementation. Additionally, the practice should demonstrate broadbased involvement and participation of community partners (e.g., government, local residents, business, healthcare, and academia). If the practice is internal to the LHD, it should demonstrate cooperation and participation within the agency (i.e., other LHD staff) and other outside entities, if relevant. An effective implementation strategy includes outlined, actionable steps that are taken to complete the goals and objectives and put the practice into action within the community.

- Goal(s) and objectives of practice
- What did you do to achieve the goals and objectives?
 - Steps taken to implement the program
- Any criteria for who was selected to receive the practice (if applicable)?
- What was the timeframe for the practice were other stakeholders involved?
- What was their role in the planning and implementation process?
 - What does the LHD do to foster collaboration with community stakeholders? Describe the relationship(s) and how it furthers the practice goal(s)
- Any start up or in-kind costs and funding services associated with this practice? Please provide actual data, if possible. Otherwise, provide an estimate of start-up costs/ budget breakdown.

Enter the LHD and Community Collaboration related to your practice : *

The goal of the Slam Dunk Health program (SDH) is to utilize creative and innovative partnerships with community organizations to influence and encourage youth to be more physically active and to increase fruit and vegetable consumption. Specific objectives of the SDH program are:

- To secure partnerships with at least 2 key community stakeholders in support of SDH
- At least 100 CCSD elementary schools will have at least 1 classroom participate in the program
- At least 65% of schools that participate in the program will have a free and reduced lunch rate of >50%
- At least 10,000 CCSD elementary school students will participate in the program
- Conduct program evaluation activities and share results with partners and stakeholders

Specific steps taken to implement the program include the following:

- Leverage relationships
 - SNHD has a long-standing relationship with CCSD and has worked with CCSD on other health-related initiatives. SNHD previously worked with the newly appointed community relations manager for the Las Vegas Aces. SNHD leveraged the relationships with these two partners identify ways that everyone could partner on a health-related project. SNHD used their public health expertise to bring together the resources of the Las Vegas Aces and the support of the CCSD to create the Slam Dunk Health program.
- Develop goals and objectives
 - SNHD worked with CCSD and Las Vegas Aces to develop goals and objectives for the program. The goals and objectives guided development of the Slam Dunk Health program.
- Develop program and leverage partner resources
 - SNHD developed a program outline to determine necessary resources for the program. SNHD met with each partner to determine which resources they would be able to provide. SNHD supported the program with funding and in-kind staff time.

- Implement program
 - SNHD developed the program materials and worked with CCSD to market and distribute the program to the participating classrooms. SNHD coordinated program sign up. The classroom teachers implemented the program in their classrooms and reported the results to SNHD. Winning classrooms were selected and given tickets to a Las Vegas Aces basketball game and classroom visit by the team. SNHD worked with Las Vegas Aces, CCSD and the winning classrooms to coordinate the classroom visit and ticket distribution.
- Evaluate program
 - An evaluation plan was developed and pre and post data was collected from a sample of 10 participating classrooms. We utilized a partnership with the University of Nevada, Las Vegas (UNLV) to secure the assistance of a volunteer graduate student to assist with data entry and analysis.

The program was only open to CCSD schools and only available to 1-5 grade classrooms. Program planning took place throughout summer and fall of 2018 in collaboration with program partners. The program was implemented between January and May 2019 in collaboration with program partners.

SNHD engages with many community partners on a regular and ongoing basis and community engagement and partnership development are core to the function of the SNHD Office of Chronic Disease Prevention & Health Promotion. The Las Vegas Aces have made health and community engagement a major focus of their off the court team efforts. The Slam Dunk Health program is the first program they supported in the community upon relocation to Las Vegas. SNHD took the lead on planning the program but the Las Vegas Aces were very involved in the process. They were engaged in planning and identification of ways they could leverage resources or support to expand the program and increase effectiveness. The Las Vegas Aces provided 4, weekly videos of players encouraging participants to eat healthy and be active. These videos were provided to classroom teachers to play in participating classrooms to encourage students throughout the program. The Aces also provided individual prizes for the winning classrooms and players and coaches participated in classroom visits.

CCSD is a vital partner in connecting with schools and classrooms in our community. Their support and help in marketing the program to the teachers was critical. They have ability to reach teachers directly and encouraged them to signup for the program. They also ensured delivery of program materials directly to schools. They assisted with coordination of classroom visits. Their partnership brings credibility to our program and shows teachers this program is valuable to their classroom.

The program is very cost effective. Start up costs included \$250 for supplies (envelopes); \$1,000 for printing program materials; and \$800 for incentives (pencils and stickers). Program development and evaluation costs were provided in-kind by SNHD. The Las Vegas Aces and CCSD also made in-kind contributions including prizes and delivery costs.

Evaluation

Evaluation assesses the value of the practice and the potential worth it has to other LHDs and the populations they serve. It is also an effective means to assess the credibility of the practice. Evaluation helps public health practice maintain standards and improve practice. Two types of evaluation are process and outcome. Process evaluation assesses the effectiveness of the steps taken to achieve the desired practice outcomes. Outcome evaluation summarizes the results of the practice efforts. Results may be long-term, such as an improvement in health status, or short-term, such as an improvement in knowledge/awareness, a policy change, an increase in numbers reached, etc. Results may be quantitative (empirical data such as percentages or numerical counts) and/or qualitative (e.g., focus group results, in-depth interviews, or anecdotal evidence).

- What did you find out? To what extent were your objectives achieved? Please re-state your objectives.
- Did you evaluate your practice?
 - List any primary data sources, who collected the data, and how? (if applicable)
 - List any secondary data sources used. (if applicable)
 - List performance measures used. Include process and outcome measures as appropriate.
 - Describe how results were analyzed.
 - Were any modifications made to the practice as a result of the data findings?

Ten (10) participating 5th grade classrooms from 9 CCSD schools were recruited to participate in the evaluation of the program. This was a convenience sample, but participating schools represented different geographic areas of Southern Nevada. Due to our focus on low-income schools, all schools that participated in the evaluation had free and reduced lunch rates of greater than 50%. The evaluation consisted of 2 components: a pre/post survey to assess physical activity and nutrition behaviors and intentions and a self-reported component where students reported their physical activity and fruit and vegetable consumption. The self-reported indicators were reported as 'points' in both pre/post assessment. One point was earned for each 15-minute segment of moderate to vigorous physical activity and one point was earned for each serving of fruit or vegetable.

Written Instructions were developed and provided to classroom teachers who then provided instructions to their students on how to complete the pre/post tools and how to earn/track physical activity and nutrition points. Pre-intervention surveys and tracking tools were administered and completed at least one week before the Slam Dunk Health program started. Post-survey behavior/intention survey was administered within two weeks after completing the program. A weekly tracker was provided to students to track their pre-program physical activity and fruit/vegetable points. The post-program physical activity and nutrition points were taken from the classroom tracking poster for the last week of the program.

The pre/post data was collected, and SPSS was used to run a t-test to compare variables. The analysis found that post scores for the physical activity/fruit and vegetable points and 6 of the other 8 variables all improved. There were slight (but not significant) decreases in 2 of the 8 variables assessed. Total points from pre to post was the only significant change ($p < .05$). The evaluation indicated that the Slam Dunk Health Program likely contributed to increasing physical activity/fruit and vegetable consumption from pre to post among participants in the evaluation cohort. Most of the other variables showed positive increases from pre to post, though none of the changes were statistically significant. See Table 1 below for more information.

In addition to the pre and post analysis, SNHD also reached out to teachers in participating classrooms after program implementation to solicit their feedback on the program. Overall response to the program was positive but based on several recommendations from teachers, we will be adjusting the timeline for program implementation to allow for additional time for teachers to implement the program. We will begin promotion and open up registration earlier in the school year which will provide greater flexibility for the teachers who participate.

Table 1.

Variable	Pre	Post	Change
Eat Vegetables	2.73	2.9	Increase
Eat Fruit	3.35	3.43	Increase
Chose F/V as Snack	2.46	2.53	Increase
Try new F/V	2.51	2.43	Decrease
Do PA	3.20	3.47	Increase
PA is Fun	2.79	2.89	Increase
PA is Good for Me	3.01	2.98	Decrease

Beyond the evaluation findings on the impact of the program, we were also successful in leveraging relationships with CCSD and the Las Vegas Aces in support of the development, implementation and evaluation of the Slam Dunk Health Program. These relationships will be critical in efforts to sustain the program in the future.

Sustainability

Sustainability is determined by the availability of adequate resources. In addition, the practice should be designed so that the stakeholders are invested in its maintenance and to ensure it is sustained after initial development (NACCHO acknowledges that fiscal challenges may limit the feasibility of a practice's continuation.)

- Lessons learned in relation to practice.
- Lessons learned in relation to partner collaboration. (if applicable)
- Did you do a cost/benefit analysis? If so, describe.
- Is there sufficient stakeholder commitment to sustain the practice?
 - Describe sustainability plans.

The Slam Dunk Health (SDH) program was developed with sustainability in mind. We were intentional in designing a program that required few supplies and that could be implemented with little classroom time, while having the potential to reach thousands of youth. We sought out and secured partnerships with two community organizations (Las Vegas Aces and Clark County School District - CCSD) that could provide resources needed for program implementation.

We learned from teachers and CCSD that in order for a voluntary program to be implemented in a classroom setting, it had to be fun and interactive and not take much classroom time. This was an important lesson and one that drove development of the SDH program. We also learned that partnerships are critical to program development, implementation and sustainability. SNHD developed and leveraged strategic relationships with key community partners. We identified partners that could make in-kind contributions to support implementation and sustainability of the program. These partners were engaged in the development process, which increased partner buy-in and support of the program. We also learned that it was important to conduct evaluation of the program so that feedback could be shared with partners and participants and, when appropriate, changes could be made to the program to increase effectiveness.

While we did not conduct a formal cost-benefit analysis of the program, hard costs for the program totaled approximately \$1,250 and we reached over 13,000 students. However, significant in-kind costs were contributed by partners which included staff time, evaluation assistance, program incentives (tickets, classroom visits) program support (classroom videos) and delivery assistance.

The SDH program was a success and program partners are currently collaborating on next year's program. The Aces have increased their contribution by covering the cost of printing program materials and are in conversations with other community partners to increase support and sponsorship of the program. SNHD has committed to providing staff time and to providing minimal program costs and CCSD - School Community Partnership Office has committed to continue with program promotion and delivery assistance.

Additional Information

How did you hear about the Model Practices Program:: *

- | | | | | |
|---|---|--|--|--|
| <input checked="" type="checkbox"/> I am a previous Model Practices applicant | <input type="checkbox"/> At a NACCHO conference | <input type="checkbox"/> Colleague in my LHD | <input type="checkbox"/> Colleague from another public health agency | <input checked="" type="checkbox"/> E-Mail from NACCHO |
| <input type="checkbox"/> NACCHO Publication (Connect, Exchange, Public Health Dispatch) | <input type="checkbox"/> NACCHO Website | | | |

Have you applied for Model Practices before?: *

- No, this is my first time applying. Yes, I have applied in the past.

If you answered yes to the question above, please let us know the year and award type. :

SNHD received two Promising Practices Awards for the Walk Around Nevada program and the Nutrition Challenge Program.