Utilizing a Mini-Grant Program to Impact Physical Activity & Nutrition Behaviors & Achieve PSE Changes in GA Public Schools

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BACKGROUND

Georgia Shape, Governor Deal’s statewide initiative to address childhood (0-18 years old) obesity in Georgia, was established in 2011 to work toward increasing the number of students in the Healthy Fitness Zone for Body Mass Index. Various strategies have been implemented in schools, early care and education centers, healthcare settings, and the community to achieve this goal.

In 2012, the Georgia Shape School Physical Activity and Nutrition Grants Program was developed to help schools build capacity to achieve policy, system, and environmental (PSE) improvements that impact student and staff health. Schools receive mini-grants from the Georgia Department of Public Health and technical assistance from the Georgia Health Policy Center (GHPC). Since the beginning of the program there have been 183 awards issued to 147 unique schools, totaling $742,000 in grant dollars.

METHODS

Schools apply for the mini-grants through a competitive process. Funded schools participate in a kickoff healthy schools summit to provide additional information on evidence-based strategies for improving physical activity and nutrition (PAN), school wellness councils, action plan development, and evaluation. Grantees are assigned a dedicated consultant to support them in working through the TA framework (Figure 1) and grant deliverables. At the conclusion of the grant period, schools submit a final report containing a summary of activities and spending, challenges, outcomes, success stories, and partnerships. A process evaluation was conducted to assess themes in program and PSE changes as well as barriers and facilitators to achieving grant deliverables.

OUTCOMES

Schools report improvements in both PAN behavior and PSE. Examples of behavioral changes include increased fruit and vegetable intake, increased water consumption, improved sales of items that were taste tested, and increased physical activity during recess. Examples of PSE improvements include additions and enhanced school gardens, integrating gardens into science, technology, engineering, art, and mathematics curriculum, daily recess policies, lunchroom redesign to promote healthier choices, and increased access to physical activity facilities before and after school.

CONCLUSIONS

Physical activity and mini-grant funding combined with training and technical assistance can be successful in improving health-related programs and PSE in public schools.

LESSONS LEARNED

• Simplify the application and reporting process
• Provide a list of approved strategies from which schools may choose
• Share existing free tools and resources specific to the school’s selected strategies
• Enhance school readiness by extending healthy school summit to two days
• Provide additional opportunities for peer sharing and learning
• Require school wellness committee with active participation and documentation
• Administration buy-in is key for success