

Family Health & Fitness Night Application

DEADLINE: May 31, 2013



Coordinated School Health (CSH) is a recommended strategy for **improving students' health and learning**. Because healthy kids learn better, helping students stay healthy is a fundamental part of the mission of schools. CSH is the sum of **eight parts**:

- Health education
- Physical education
- Health services
- Nutrition services
- Counseling, psychological and social services
- Healthy school environment
- Health promotion for staff
- Family/community involvement

In order to participate in **coordinated school health**, The Hope Heart Institute and Molina Healthcare of Washington **partner with local schools and community organizations** to offer **FAMILY HEALTH & FITNESS NIGHTS** (FHFN). Heart health is about the **whole family**, so special events like these provide information for every member of the family and **include tips on how parents and children can work together to improve their health**. The Hope and Molina cover costs for these events which cost between \$500-\$1000 depending on the size of the school. Their estimated value, however, is priceless. 😊

FHFNs typically happen on Tuesday or Thursday nights, but any weeknight is fine. It includes a free, light evening meal as well as physical activities and nutrition stations in which the whole family is encouraged to participate. In the end, there's a prize drawing. Everything from the meal to activities and prizes align with the healthy theme and supports an active lifestyle.

SAMPLE FHFN SCHEDULE

5:30-6:00	Zumba
6:00-6:30	Welcome & FREE dinner
6:30-7:30	Physical Activities and Nutrition Stations
7:30-8:00	Performance, Prizes & Farewell

While singular efforts (like a FHFN) work, health movements that combine policy, instruction and services may be more effective. For this reason, the first part of this application attempts to gauge your school's readiness to coordinate school health. We also understand that school readiness is a spectrum. We're equally interested in partnering with schools that are just beginning their school health journey as we are those that are well on their way. Priority will be given to schools planning an integrated approach (policy, instruction and services) and demonstrating the greatest need.

Based on level of readiness, and past participation in a FHFN, our role may change:

- 1st FHFN- We will take on a leading role and coordinate with community partners to make sustainable connections and lead the planning process.
- 2nd/3rd FHFN- We will take on a supporting role since schools and community partners are already connected. Schools are encouraged to continue FHFNs in a more independent role.

Our overall goal is for each school to continue to collaborate with community partners, and move in a positive direction towards student health. Our hope is that after three FHFNs, schools will have the resources to continue this event independently and the motivation to continue it annually. To ensure school readiness and to review the planning processes, we may conduct a phone interview before choosing a school for a FHFN.

School Readiness

Does the school have a School Wellness Committee or a School Health Advisory Committee supporting health policies, activities and/or services?

_____ Yes _____ No

Narrative – On a separate sheet of paper, briefly describe how the school has promoted student health (policies, activities, education, services) in the past AND how hosting a Family Health Night fits in with school goals.

Student Population-Please **list the percentage** of your school population for each category. (For your school’s location, check one. Do not use percentages.)

Free & Reduced Price Meals (FRPM)

_____percentage of students who participate in the FRPM program

Ethnicity

Gender

_____ African American

_____ Male

_____ Asian American

_____ Female

_____ Caucasian

_____ Hispanic/Latino

_____ Native American/Alaska Native

School Location (check only one)

_____ Urban _____ Suburban

_____ Rural

What is your school’s conference schedule (i.e. afternoons November 15th-21st)?

Screenings

Describe current screenings offered to students (i.e. dental screenings via The Smile Mobile, Body Mass Index via the school nurse, etc.).

Family Health & Fitness Night Scheduling – In the event your application is accepted, please rank the months indicating your 1st, 2nd, and 3rd choices in which to host an event **AND** list specific dates during those months that would work. (E.g. November; Rank 1; Dates 4, 16)

Month	Rank	Possible Dates	Month	Rank	Possible Dates
September			February		
October			March		
November			April		
December			May		
January			June		

Contact Information

Teacher/Lead _____

Position within school _____

Phone #() _____ - _____ Email _____

Personal Email (for summer contact) _____

School District _____

School Name _____

School Address _____

School Nurse _____ Email _____

Principal _____ Email _____

District's Nutrition Services Director _____ Email _____

District's Public Relations Director _____ Email _____

Thank you for your interest in hosting a Family Health & Fitness Night. Please return this application by May 31, 2013.

The Hope Heart Institute
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