



Expanding **minds** and Opportunities

Leveraging

the Power of Afterschool and Summer Learning for Student Success

This article is an excerpt from the groundbreaking book, ***Expanding Minds and Opportunities: Leveraging the Power of Afterschool and Summer Learning for Student Success***. This landmark compendium, edited by Terry K. Peterson, PhD, is composed of nearly 70 research studies, reports, essays, and commentaries by more than 100 researchers, educators, community leaders, policy makers, and practitioners.

Collectively, these writings boldly state that there is now a solid base of research and best practices clearly showing that quality afterschool and summer learning programs—including 21st Century Community Learning Centers—make a positive difference for students, families, schools, and communities.

Together, the collection of articles demonstrates the power of quality expanded learning opportunities to:

- **promote student success and college and career readiness;**
- **build youth assets such as character, resilience, and wellness;**
- **foster partnerships that maximize resources and build community ties; and**
- **engage families in their children's learning in meaningful ways.**

For information on how to order the full book, download sections and individual articles, or explore the topic areas, visit www.expandinglearning.org/expandingminds.

About the Expanded Learning and Afterschool Project

The Expanded Learning and Afterschool Project is a 50-state initiative harnessing the power of networks and leaders to help schools and communities leverage the time beyond school to accelerate student achievement. A partnership of funders led by the C.S. Mott Foundation support the Expanded Learning and Afterschool Project. More information about the book and the project, as well as additional resources, can be found at www.expandinglearning.org.

Randy Neve

Program Manager, Marshfield Clinic and Network
Lead, Wisconsin Afterschool Network

Gladys Bartelt

Educational Consultant, Marshfield Clinic

The Mutual Benefits of Health Care and Afterschool Collaboration

Research identifies quality education as a key determinant of good health. Moreover, recent research from the expanded learning field has documented the significant potential that afterschool programs have for improving students' health and academic success. An investment in infrastructure that supports strong collaboration between afterschool and health care can enhance the potential of afterschool programs to address many of the compelling academic and health needs faced by children.

Many children who participate in afterschool programs face serious risk factors such as poverty and poor school performance (Wisconsin Department of Public Instruction, 2011). These young people can benefit most from a well-designed collaboration between health care providers and afterschool programs. The case study presented in this article illustrates the point.

Background: Health and Education Connections

Being overweight or clinically obese are both largely the result of physical inactivity and poor diet. These conditions can increase the risk for diabetes, high blood pressure, high cholesterol, asthma, arthritis, and poor health status (U.S. Department of Health and Human Services, 2008). Only 38% of students in grades 9–12 are meeting the current Centers for Disease Control (CDC) recommendation of 60 minutes of physical activity on most days of each week (CDC, 2011).

One reason for the low rate of physical activity is the rapid increase in recreational use of media such as TV, movies, computers, video games, and music. While the American Academy of Pediatrics (2010) recommends children have less than 2 hours of screen time/day, a 2010 national study reported that 8–18 year-olds devoted an average of

The Clinic's Center for Community Outreach provides user-friendly tools, learning events, technical assistance, action plan strategies, and other resources to help afterschool programs focus on evidence-based strategies to improve child and youth outcomes associated with academic success, healthy active living, and personal and social development.

7.5 hours/day to such sedentary behaviors. This is more than 53 hours/week and does not include time spent using the computer for school or talking/texting on a cell phone (Kaiser Family Foundation, 2010). Research shows that high levels of media use are also associated with obesity, attention difficulties, and sleep and eating disorders (Kaiser Family Foundation, 2004).

Research has also established a strong correlation between health and education. An individual's education level has been found to be a determinant of his/her health, regardless of the type of health outcome scholars studied, including the likelihood to develop diseases, the likelihood to survive diseases, and self-reports of health status (Cutler & Lleras-Mooney, 2006).

New research has shown evidence of the important role that afterschool programs can play in supporting positive educational and health outcomes. Studies indicate that children involved in afterschool programs are significantly less likely to be obese at follow-up than nonparticipants (Mahoney, Lord, & Carryl, 2005). Teens who do not participate in afterschool programs are nearly three times more likely to skip classes, three times more likely to use marijuana or other drugs, and are more likely to drink, smoke, and engage in sexual activity. Studies show children who take part in afterschool programs attend school more regularly and have higher aspirations for finishing school and going to college. They are half as likely to drop out of high school and 30% less likely to participate in criminal activities, saving an estimated \$2.50 in crime-related costs for every \$1 invested in afterschool programs (Afterschool Alliance, 2008).

A Case Study: How One of Wisconsin's Largest Health Care Providers Is Connecting Health Care and Afterschool

Marshfield Clinic is the largest private group medical practice in Wisconsin and one of the largest in the United States. The clinic is involved in local, regional, and statewide initiatives to advance the quality of afterschool programs that serve thousands of Wisconsin children and youth each day. The Clinic's Center for Community Outreach provides user-friendly tools, learning events, technical assistance, action plan strategies, and other resources to help afterschool programs focus on evidence-based strategies to improve child and youth outcomes associated with academic success, healthy active living, and personal and social development.

Marshfield Clinic as a local resource and an afterschool learning lab. For the past 22 years the Marshfield Clinic has operated a comprehensive afterschool program known as Youth Net. Youth Net is open 5 days a week throughout the year with a focus on academic success, healthy active living, and personal and social development. Annually, Youth Net serves over 350 Marshfield-area children and youth ages 8–18, with a daily

attendance average of 155. Over 70% of these students qualify for free-and-reduced lunch, and 43% receive special education services. Children are referred to the program due to poor school performance, behavioral issues, and family conflict. The following are core program components:

Homework Club. Homework Club is a program for youth in grades 2 through 6. AmeriCorps members, mentors, and other staff provide academic assistance and support. Math, reading, and computer labs are available each day. Incentive programs encourage regular participation. Consistent attendance at Homework Club has been shown to boost the academic and behavior performance of participating youth (Marshfield Clinic, 2011). Due to strong ties with area schools, what is learned at school is reinforced in the afterschool setting.

Healthy, active, living. Physical activity and nutrition education are an intentional part of the daily programming. Physical fitness activities and nutrition education are available daily in collaboration with the Marshfield Area YMCA and Marshfield Parks & Recreation Department. Healthy snacks are provided daily.

Teens United. Teens United is a program for youth in grades 7 through 12. Academic assistance is provided to all participants. Educational, recreational, and vocational activities are provided to facilitate personal and social development and improve health and academic outcomes.

Summer program. A day-long summer program is offered 5 days a week with an emphasis on education and health and wellness. Collaborating with the School District of Marshfield and University of Wisconsin-Marshfield/Wood County, Youth Net staff teach School District of Marshfield summer school classes with a specific outreach to Youth Net participants. Transportation and a lunch program are provided to all participating youth. An afternoon summer program focusing on literacy, health, and recreation rounds out the summer program.

Family nights. Family nights occur monthly and provide an opportunity for families to socialize with each other and Youth Net staff around a meal and participate in educational and fun activities.

Marshfield Clinic's AmeriCorps Afterschool Initiative as a regional resource for better afterschool linkages with health. In 2012, 24 Marshfield Clinic Afterschool AmeriCorps members were placed in afterschool programs, providing 40,800 hours of direct service. Some of the most successful programs were located in small, rural communities that would otherwise not be able to offer afterschool services nor connect better learning supports with better health activities. Furthermore, Marshfield Clinic worked closely with the State Department of Public Instruction to make this valuable resource available to their 21st Community Learning Center sites in Marshfield Clinic's service region.

Some of the most successful programs were located in small, rural communities that would otherwise not be able to offer afterschool services nor connect better learning supports with better health activities.

Members worked directly with children and youth by implementing Marshfield Clinic's Youth Net program's case management system. In addition, members provided direct service to local public schools, further strengthening the ties between afterschool and day school and between education and health activities.

Marshfield Clinic as a state-level resource: Wisconsin Afterschool Network. Since October 2008, Marshfield Clinic has provided leadership and been the fiscal sponsor for the Wisconsin Afterschool Network (WAN). Wisconsin is one of 41 states that receive funding from the Charles Stewart Mott Foundation to provide statewide leadership for afterschool programs. Marshfield Clinic is the only health care provider in America serving as the host for a statewide afterschool network. However, health care providers in other states could be a strong force for afterschool, too.

In the previous 3 years, the Wisconsin Afterschool Network (WAN) has experienced an expansion of authentic partnerships, braiding and blending policy development efforts between individuals and organizations that historically have not reached consensus on afterschool issues.

WAN's role in facilitating this interaction has served to revitalize network participation. Current efforts have been launched to create a comprehensive statewide system for professional development for afterschool programs that is available and accessible to all Wisconsin providers.

Marshfield Clinic's Case Management System: Linking Data for Afterschool Improvement and Health Services

A carefully designed enrollment process for afterschool programs has the potential (with parental approval) for programs to communicate directly with a child's primary care provider to design preventive services to meet the identified needs of enrolled youth, for example, early and periodic screening, well-child visits, immunizations, behavioral health appointments/treatment plan compliance, dental screening and sealants, and asthma case management).

Marshfield's case management process has incorporated results of seminal research by the Harvard Family Research Project, including key elements found to be necessary for afterschool programs to achieve the quality needed for positive outcomes.

A carefully designed enrollment process for afterschool programs has the potential (with parental approval) for programs to communicate directly with a child's primary care provider to design preventive services to meet the identified needs of enrolled youth.

The case management system is a five-step process:

- 1.** A formal enrollment interview, conducted with both the child and parents/guardian, starts the process of assessing the needs of the child, supports establishing preliminary goals and objectives, facilitates establishment of rapport, provides an opportunity to answer questions and obtain signatures on release-of-information forms.
- 2.** Once a child is enrolled, teachers are contacted to assist in assessing needs regarding academic success, personal/social development, and healthy active living. Working as a team, day school and afterschool staff tailor intentional and sequential programming to meet individual needs.
- 3.** A case management team convenes to review information collected through the enrollment interview and teacher contact.
- 4.** The team develops a case management plan for each enrolled child.
- 5.** Case management plans are reviewed throughout the year to determine progress and to be adjusted as needed to increase the potential for successful outcomes.

Recommendations for Afterschool and Health Care Collaboration

What follows are several key recommendations for both health care providers and afterschool providers.

Health care providers can offer the following:

- *Case management/health improvement plans for youth enrolled in afterschool programs. If thoughtfully designed, the registration/intake forms for the afterschool program can serve as a gateway for communication between afterschool and the health care provider (with parent permission).*
- *Services designed to meet the identified needs of enrolled youth (e.g., early and periodic screening, well-child visits, immunizations, behavioral health appointments/treatment plan compliance, dental screening and sealants, asthma case management)*
- *Oversight and advice to help leverage the full scope of local community resources*
- *Support and advice to state and local afterschool networks*

Afterschool and health care can collaborate to achieve the following:

- *Address the prevention needs of youth in ways that transcend the capacity of traditional schools, afterschool programs and health care providers*
- *Support schools and afterschool programs by identifying and addressing health and health-related problems that may interfere with the ability to learn*
- *Support working families by allowing parents to stay at work while the education and routine health care needs of their children are met*

- *Work to contain costs by reducing the number of hospital and emergency room visits*
- *Strengthen the connection between key community stakeholders and key leaders from health care, education, business, governmental systems, and other community sectors*
- *Work to meet the strategic goals of health providers' (immunization rates, well child check-ups, etc.) Support children in the development of positive health habits that they will carry across the lifespan*
- *Develop meaningful relationships with qualified staff, which can have a positive influence on the health and behavior of children and their families*

Conclusion

While on the surface it appears unusual to have health care providers and afterschool programs working together over a region and state, the mutual benefits are positive and significant for both entities. Since so many children and youth attend afterschool programs each day, these programs are natural venues for health care providers to reach large numbers of children with relative ease, especially as the country moves more assertively into health care reform. Working together, these unlikely partners can have a very positive impact on education, youth development and health outcomes.

ABOUT THE AUTHOR

Randy Neve, network lead for the Wisconsin Afterschool Network (WAN), provides support, oversight, and leadership for all WAN teams/committees as they work toward development of statewide school-age partnerships, policies, and systems of quality. Over the past 15 years as Afterschool Program Manager for Marshfield Clinic, Neve has acquired significant experience in the design, development, and delivery of comprehensive, research-based afterschool programming. He has successfully served as the WAN Network Lead for the past 3 years.

Gladys Bartelt, education specialist, serves as a consultant for WAN's professional development system, the development of afterschool health services, and pilot programs through Marshfield Clinic AmeriCorps. Bartelt has over 30 years of experience working in all areas of education. She is particularly skilled in the development of individualized case management techniques for at-risk youth enrolled in afterschool programs.

REFERENCES

Afterschool Alliance. (2008). *Afterschool programs: Making a difference in America's communities by improving academic achievement, keeping kids safe and helping working families*. Retrieved from http://www.afterschoolalliance.org/documents/outcomes_0208.pdf

American Academy of Pediatrics. (2010). Media education [Policy statement]. Retrieved from <http://pediatrics.aappublications.org/content/126/5/1012.full>

Centers for Disease Control. (2011). Physical activity facts. Retrieved from <http://www.cdc.gov/healthyyouth/physicalactivity/facts.htm>

Cutler, D. M., & Lleras-Mooney, A. (2006). *Education and health: Evaluating theories and evidence* (National Poverty Center Working Paper #06-19). Retrieved from <http://www.npc.umich.edu/publications/workingpaper06/paper19/working-paper06-19.pdf>

Harvard Family Research Project. (2006). *Yale study of children's after-school time*. Retrieved from <http://www.hfrp.org/out-of-school-time/ost-database-bibliography/database/yale-study-of-children-s-after-school-time>

Kaiser Family Foundation. (2010). *Generation M2: Media in the lives of 8- to 18-year-olds*. Retrieved from <http://www.kff.org/entmedia/entmedia012010nr.cfm>

Kaiser Family Foundation. (2004). *The role of media in childhood obesity* [Issue Brief]. Retrieved from <http://www.kff.org/entmedia/upload/the-role-of-media-in-childhood-obesity.pdf>

Mahoney, J. L., Lord, H., & Carryl, E. (2005). Afterschool program participation and the development of child obesity and peer acceptance. *Applied Developmental Science, 9*, 202–215. Retrieved from www.leaonline.com/doi/abs/10.1207/s1532480xads0904_3

Marshfield Clinic. (2011). *Marshfield Clinic Youth Net program 2010–2011* [Fact sheet]. Marshfield, WI: Author.

U.S. Department of Health and Human Services. (2008). 2008 physical activity guidelines for Americans. Retrieved from <http://www.health.gov/paguidelines/guidelines/default.aspx>

Wisconsin Department of Public Instruction. (2011). *21st Century Community Learning Centers: Executive summary, 2010–2011*. Retrieved from http://dpi.wisconsin.gov/sspwp/pdf/clcexecsumm10_11.pdf