

ATTACHMENT 2

Action Area Eligible Activities

Health & Wellness Supports: Ensure access to healthy foods and exercise options; address youth physical and mental health risks/issues

Evidence-based or promising practice programs and services in this category should address outcomes and performance measures that result in:

- (1) Increased knowledge on healthy eating, meal preparation, gardening and access to fresh foods;
- (2) Access to three (3) healthy meals a day;
- (3) Increased knowledge of exercise regimen and the benefit of exercise;
- (4) Increased recreational opportunities for youth;
- (5) Increased awareness of health risks resulting from substance abuse (to include opioid), obesity, teen pregnancy and sexually transmitted diseases;
- (6) Access to mental health services to address youth development, bullying, suicide, and trauma;
- (7) Access to vision and dental screenings and services via mobile systems;
- (8) Reduction of stress through mindfulness/meditation techniques;
- (9) Effective and efficient referral system/navigation to access mental health service, proper nutrition and medical services.

Rationale:

Children struggle to succeed in learning, living or giving when their basic needs are not met. Disparities in accessing basic needs such as healthy foods, safe homes and health care can have a lifelong impact.

Physical inactivity and bad dietary behaviors contribute to child and adolescent obesity, which have immediate and long-term effects on health and well-being. When compared to high school students in the U.S., high schoolers in Palm Beach County were more likely to report physical inactivity for at least one hour a day for five (5) or more days and that they did not eat healthy foods. They were also less likely to report that they were overweight or obese.

Safe, secure children are much more likely to be emotionally, socially and academically ready for school, and for life. Children who are exposed to adverse childhood experiences are at higher risks for learning difficulties, emotional problems, developmental issues and long-term problems. It is important that mental health needs are addressed in addition to physical health needs.

For more information on how PBC youth are doing on Lack of Physical activity, dietary behaviors, overweight and obese, substance abuse, teen pregnancy, career ready, connected and contributing, please review the Birth to 22 appendix 3.1.3, p.40-44; 74-81 and 60-66.

Below is a compilation of the many recommendations for services:

Suggested Uses of Available Funds (based on recommendations included in the Youth Master Plan):

- Business investment in food banks and other access programs.
- Community garden initiative.
- Availability of physical check-up to include vision, hearing, cholesterol, blood pressure and diabetes.
- Family healthy eating education.
- Community exercise.
- Demonstrate good nutrition-learning healthy swaps i.e. water vs. soda, salad vs. fries.
- Making healthy foods available- green markets, food banks, vending machines.
- Education - teen pregnancy, self-love, and sexually transmitted diseases.
- Role models - mentors.
- Referral system for navigation of services.
- Available substance abuse and mental health services.
- Access to screening for Adverse Childhood Experiences (ACEs) and appropriate follow-up care.
- Increase training and professional learning opportunities for all frontline professionals working with parents, mentors and youth to promote equitable practices, including:
 - Cultural competency training with a focus on understanding homelessness, depression, and gender identity among LGBTQ youth;
 - Racial and gender equity training;
 - Special needs awareness and inclusivity training;
 - Trauma informed care.

Please review the Birth to 22 appendix, Section 3, subsection 3.3.2 (<http://pbcbirthto22.com/pdf/APPENDIX%20YMP%20SECTION%203%20ONLINE.pdf>), for an additional list of Evidence-Based and emerging programs.