

GRANT COUNTY

County Courthouse
P.O. Box 37
Ephrata, WA 98823
(509) 754-6060



HEALTH DISTRICT

1038 W. Ivy Avenue
Moses Lake, WA 98837
(509) 766-7960

GRANT COUNTY BOARD OF HEALTH PERSONAL HEALTH SUMMARY REPORT 3rd Quarter 2008 11/12/08

Summary highlights from the six month period indicated for the following programs are reported in this document:

Maternal-Child Health, including the following:

- Injury Prevention,
- Health Promotion,
- Children with Special Health Care Needs,
- Oral Health,
- Childcare Consultation;

Immunizations;

Communicable Disease Control and Public Health Emergency Preparedness;

Tobacco Prevention;

Fit for Life.

FTE's as of September 30: 10.3 (10.35 as of June 30)

Nurses – 5.4

Manager – 1

Program Facilitator – 1

PHN II – 2.4

PHN I – 1

Health Educators – 2.0 (1.9 as of June 30)

Assessment Coordinator/Local Emergency Response Coordinator – 1

Social Worker – 0.8 (bilingual)

Bilingual Outreach Workers – 1.1 (1.25 as of June 30) (1 @ 0.9 FTE, one @ hourly as needed for TB medication administration/interpretation)

MATERNAL-CHILD HEALTH PROGRAMS

Goal:

To work with the community to assure maternal-child health problems, including oral health, are identified and addressed, so that women, children, adolescents and their families, including those with special needs, have access to comprehensive, quality systems of care and are linked to needed services.

- Completed application process to subcontract (with WSU) for National Children's Study, funded by National Institutes of Health, a longitudinal study in Grant County to study environmental health risks from prenatal period to age 21.
- Assessment staff participating in Quincy's Communities that Care group addressing high risk youth behaviors.
- Staff participating in Communities for Children and other community-based groups.
- Safe Kids leadership being reorganized with formalization of community partnerships(s); Safe Kids activities included child passenger emphasis patrols, car seat check events, "Walk to School" events. Linking to local prevention activities regarding "senior" falls.
- Children with Special Healthcare Needs – current caseload 168 (205 year to date, 37 have been dismissed), families receiving assistance in accessing services; GCHD staff attending case meetings at schools, visiting clients with outside dietitians.
- Child care consultation program reorganized, utilizing team of health educator and public health nurse.
- Oral Health Coalition leadership through GCHD - public and private partnerships working to improve oral health through prevention, awareness and education, and increased access to dental services. Currently addressing 7 specific objectives, including school-based sealant program at selected sites.
- New program activity promotes enrollment of eligible children into State-based health coverage.

IMMUNIZATION PROGRAM

Goal:

To reduce the occurrence of vaccine-preventable diseases in Grant County residents.

- Promoting increased use of new and underutilized vaccines, specifically HPV, rotavirus, varicella, influenza. Baseline values established.
- Project to promote vaccination through school-based promotions implemented, ESD 171 and ESD 105 supportive and participating. Funding obtained for Quality Improvement project.

IMMUNIZATION PROGRAM ADMINISTRATIVE REPORT (A.Guilherme)								
IMMUNIZATION VISITS								
EPHRATA	JAN-MAR	APR-JUN	JULY-SEP	OCT-DEC	08 TOTAL	2007	2006	2005
<19 years old	16	72	74		162	144	720	150
≥19 years old	25	33	22		80	229	242	217
TOTAL	41	105	96	0	242	373	962	367
MOSES LAKE								
<19 years old	7	216	28		251	83	81	33
≥19 years old	40	172	53		265	239	130	259
TOTAL	47	388	0	0	435	322	241	292
OTHER SITE								
<19 years old	26	0	0		26	347	57	70
≥19 years old	0	0	0		0	87	329	565
TOTAL	26	0	0	0	26	434	386	635
TOTAL VISITS	114	493	96	0	703	1129	1589	1294

VACCINES ADMINISTERED								
DT	0	0	0		0	1	2	0
DTaP	7	2	19		28	21	64	31
FLU	9	3	0		12	273	507	783
Flumist	0	0	0		0	216	***	N/A
Gardasil	10	3	6		19			
HEP-A	19	12	19		50	172	86	144
HEP-B	30	26	36		92	88	144	125
HIB	6	6	0		12	11	19	12
HPV	9	0	0		9			
IPV	0	9	16		25	23	72	50
ISG	0	7	0		7	2	25	90
Menactra	10	3	2		15	14	16	0
Mening	0	7	2		9	52	23	17
MMR	9	233	31		273	49	80	76
MMRV	3	1	1		5	N/A	N/A	N/A
PCV 23	0	0	0		0	10	22	43
PCV7	9	4	0		13	8	7	7
Pediarix	0	8	0		8			
Proquad	0	7	0		7	N/A	N/A	N/A
Rabies	0	0	0		0	0	0	4
Rotavirus	4	0	0		4	N/A	N/A	N/A
Td	4	4	3		11	25	71	94
Tdap	22	15	58		95	159	34	***
Twinrix	10	10	24		44	40	59	62
Typhoid	8	12	2		22	29	27	36
Varicella	7	176	41		224	73	633	25
TOTAL DOSES	176	548	260	0	984	1266	1859	1599

REASON FOR VACCINE								
EXPOSURE/OUTBREAK	2	378	1		381	104	780	368
EMPLOYMENT	26	21	43		90	178	116	164
TRAVEL	15	20	18		53	67	124	85
HIGH RISK	1	1	0		2	52	179	402
IMMIGRATION	1	2	0		3	0	0	7
SCHOOL (REQUIRED)	10	15	113		138	143	71	150

REASON NOT GIVEN		5	3		8	12	27	47
ROUTINE	56	49	6		111	340	653	270

PAYMENT TYPE								
PRIVATE PAY-PAID	55	96	115		266	345	465	482
PRIVATE PAY-BILLED	5	66	26		97	64	60	58
DSHS	5	5	20		30	21	114	90
EMPLOYER PAID	19	47	18		84	126	38	123
INSURANCE	0	0	0		0	0	1	515
ROTARY CLUB	27	6	0		33	95	48	20
PUBLIC HEALTH	4	273	6		283	100	612	0
MEDICARE	0	0	0		0	148	160	***
SCHOOL PILOT PROG	0	0	0		0	228	N/A	N/A

*** NOT TRACKED

COMMUNICABLE DISEASE CONTROL and PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEPR)

Goals:

To protect the health of the residents of Grant County through the control of communicable diseases and remediation of other public health issues;

To support a systems approach for healthcare emergency preparedness and response, including response to and management of a mass casualty event.

- Enhanced activities to improve the timely, complete identification and standard effective investigation of notifiable conditions as per WAC 246-101. GCHD improving in all categories where baselines have been established:
 - Timeframes in reporting to the Health District;
 - Timeframes investigations are initiated;
 - Reports indicating completion of investigation.
- Continuing treatment of one active TB case (should complete in mid-November).
- Narrative measles report completed, reported costs <\$200,000.
- Bi-monthly response team reviews (see August 29 response team notes attached) of public health events.
- Currently case managing 25 HIV clients, integrating prevention activities with healthcare visits. Washington State Department of Health held a monitoring visit.
- Staff participate in Local Emergency Preparedness Committees in Ephrata and Moses Lake. Staff participated at Grant County Fair booth.
- Intense planning for drive-through flu shot clinic (October 18).
- 2 Managers, PIO participated in On-Camera PIO training.
- Participated in Hanford Exercise with Grant County Emergency Management.

Notifiable Conditions Reported to DOH	
July through September 2008	
DISEASE	# Cases
Campylobacter	6
Giardia	2
Hepatitis B	2
Hepatitis B - Perinatal	1
Hepatitis C	22
Lead level elevated	1
Pertussis	2
Shigella	4
Chlamydia	61
Gonorrhea	6
Shigella	4
Additional Cases investigated not meeting reporting guidelines	37

GCHD LATENT TUBERCULOSIS PROGRAM		
Current open LTBI GCHD	(11/5/08)	75
Currently being treated GCHD	(11/5/08)	69
Activity July through September 2008		
LTBI treatment referred to PCP		29
New referrals		59
Health history completed		53
Health history pending (11/5/08)		21
Health Officer evaluations completed		70
Currently being treated		69
New treatment starts		18
Treatment pending (11/5/08)	(8 prenatal)	15
Class V suspect (specs complete 3 rd qtr / new orders)		1/2
Closed - treatment completed		34
	GCHD	18
	PCP	16
Closed - not completed		27
	non-compliant f/u	15
	non-compliant rx	12
Closed - dismissed, no f/u needed		19

PCP = Personal (Health)Care Provider

TUBERCULOSIS CONTROL ADMINISTRATIVE REPORT (A. Guilherme)

EPHRATA TB VISITS	JAN-MAR	APR-JUN	JULY-SEPT	OCT-DEC	08 TOTAL	2007	2006	2005
0 thru 4 years old	*	*	0			*	*	*
4 thru 18 years old	*	*	7			*	*	*
<18 years old	1	4	Tracking changed		5	27	29	78
>18 years old	47	46	Tracking changed		93	178	171	183
19 thru 59 years old	*	*	52			*	*	*
60+ years old	*	*	1			*	*	*
AGE UNKNOWN	0	0			0	0	2	8
TOTAL	48	50	60		158	205	202	269
MOSES LAKE TB VISITS								
0 thru 4 years old	*	*	3			*	*	*
4 thru 18 years old	*	*	26			*	*	*
<18 years old	15	24	Tracking changed		39	90	115	122
>18 years old	52	195	Tracking changed		247	472	528	576
19 thru 59 years old	*	*	113			*	*	*
60+ years old	*	*	5			*	*	*
AGE UNKNOWN	0	0	0		0	0	0	1
TOTAL	67	219	147		433	562	643	699
QUINCY TB VISITS								
0 thru 4 years old	*	*	1			*	*	*
4 thru 18 years old	*	*	0			*	*	*
<18 years old	1	0	Tracking changed		1	5	16	23
>18 years old	12	14	Tracking changed		26	54	72	71
19 thru 59 years old	*	*	12			*	*	*
60+ years old	*	*	1			*	*	*
TOTAL	13	14	14		41	59	88	94
MATTAWA TB VISITS								
0 thru 4 years old	*	*	1			*	*	*
4 thru 18 years old	*	*	2			*	*	*
<18 years old	1	2	Tracking changed		3	18	12	89
>18 years old	9	20	Tracking changed		29	57	43	128
19 thru 59 years old	*	*	16			*	*	*
60+ years old	*	*	3			*	*	*
TOTAL	10	22	22		54	75	55	217
HOME VISITS								
0 thru 4 years old			4			*	*	*
4 thru 18 years old			7			*	*	*
<18 years old	0	4	Tracking changed		4	3	0	Other site
>18 years old	119	102	Tracking changed		221	146	155	
19 thru 59 years old			78			*	*	*
60+ years old			37			*	*	*
TOTAL	119	106	126		351	149	155	0
OTHER SITE TB VISITS								
0 thru 4 years old	*	*	0			*	*	*
4 thru 18 years old	*	*	0			*	*	*
<18 years old	0	0	Tracking changed		0	0	3	36
>18 years old	0	0	Tracking changed		0	0	26	507
19 thru 59 years old	*	*	0			*	*	*
60+ years old	*	*	0			*	*	*
TOTAL	0	0	0		0	0	29	543
TOTAL VISITS	257	411	369	0	1037	991	846	1822

SERVICE PROVIDED								
	JAN-MAR	APR-JUN	JULY-SEPT	OCT-DEC	08 TOTAL	2007	2006	2005
PPD	48	87	72		207	300	362	423
X-RAY	10	50	34		94	117	158	219
HISTORY	26	76	46		148	185	210	263
START MEDS	10	23	18		51	62	46+	620
CONTINUE MEDS (P/U Meds)	52	90	241		383	259	344	*
DOT/DOTP's	22	98	100		220	157	192	438
OTHER (LFT's/Ref to PCP)	0		0		0	0	29	18
Refer for CXR	9	25	14		48	22	*	*
Refer to PCP	2	2	10		14	9	*	*
LFT's	1	0	2		3	4	*	*
Meds Mailed	2	9	6		17	*	*	*

REASON FOR VISIT								
	JAN-MAR	APR-JUN	JULY-SEPT	OCT-DEC	08 TOTAL	2007	2006	2005
D & A TREATMENT	24	59	41		124	198	181	205
SUSPECT OR CONTACT	0	11	0		11	152	92	478
HIGH RISK, OTHER	0	0	0		0	5	4	8
CONTACT OF + PPD	0	13	3		16	11	2	18
EMPLOYMENT	22	45	18		85	132	138	156
IMMIGRATION PHYSICAL	6	9	2		17	49	25	35
SCHOOL REQUIREMENT	4	10	5		19	135	47	20
REASON NOT GIVEN	0	3	0		3	24	14	27
COURT ORDER	0	0	0		0	1	2	2
PRENATAL	0	3	0		3	16	22	*
TRAVEL	0	4	1		5	2	*	*
TOTAL SCREENED/REFERRED IN	56	157	70	0	283	725	527	949

PAYMENT TYPE								
	JAN-MAR	APR-JUN	JULY-SEPT	OCT-DEC	08 TOTAL	2007	2006	2005
PP-PAID	76	175	115		366	467	523	596
PP-BILLED	11	53	47		111	118	181	191
DSHS	95	135	145		375	221	240	417
EMPLOYER PAID	15	8	13		36	20	56	117
PUBLIC HEALTH ISSUE	48	29	0		77	93	170	453
N/C	18	9	30		57	113	*	*
INSURANCE	0	0	0		0	0	1	25

TOBACCO PREVENTION

Goal:

Increase general population health by limiting tobacco use through increasing community capacity for tobacco control, preventing initiation and promoting cessation of tobacco use, and eliminating exposure to second-hand smoke.

- Community advisory group meets quarterly.
- Statewide Quitline promoted.
- Breastfeeding promotion event included 35 signatures received for Second Hand Smoke (SHS) pledges – no smoking in their homes, cars, or around their children.
- Quincy Community Health Center “Back to School” event – 50 SHS pledges obtained.
- Integrated activity with Oral Health Coalition.

FIT FOR LIFE (Nutrition/Physical Activity)

Goal:

Increase general population health and prevent obesity by increasing healthy nutrition/activity behaviors.

- Participation in Moses Lake Healthy Communities Trails Planning Team meeting.
- Concluded summer school nutrition education (see evaluation report, attached).
- Quarterly newsletter for “Hispanic Healthy Communities”.
- Successful promotion of healthy eating at Mexican Fiesta in Moses Lake, cooperative project with Moses Lake Community Health Center and other community partners.
- In-house Workplace Wellness program continues in progress, evaluation to be included in final agency report.

Respectfully submitted,

Peggy Grigg, BSN, RN
Director of Personal Health Services/Administrator

Attachments:

1. August 29 Response Team Minutes
2. Summer School “*We Can*” Classes Evaluation Report

ATTACHMENT 1

Minutes: Grant County Health District
Response Team Meeting
August 29, 2008

Attendees: Amber McCoy, Daniel Wilson, Jerry Campbell, Dr. Brzezny, Peggy Grigg; Tonya Pickering, Anieca Ashley, Joy Reese, Bev Black, Jennifer Jessen, Theresa Fuller, Wendy Brzezny

The meeting started at 08:30 in the Ephrata office. Meeting minutes as follows:

1. Blue-Green Algae – Environmental Health

So far this year, there have been 3 humans and 2 dogs possibly affected by blue-green algae in Grant County. Reports included some respiratory symptoms, rashes and nausea (Moses Lake/Potholes area). Jennifer is following up with the Blue Lake case (rash only) as per Dr. Brzezny's request.

2. Rabies - Tonya

All *pre-exposure* rabies vaccine is currently on hold. Post – exposure is available, but we have to have a password. Passwords are available through the Washington State SECURES system. Any questions, contact Tonya.

3. 5930 Reporting Evaluation Criteria - Anieca

The start date for all investigations is the day staff has the report in hand and takes some kind of action – a phone call, fax, etc. The initiation of PHIMS report will document the initiation of investigation. Anieca will initiate PHIMS report and send the information for investigation to EH via Jerry/Daniel.

4. Varicella Outbreak Evaluations

(This was not discussed at Response team: notes on the evaluations are provided here, to be discussed in the future if staff desires.)

Moses Lake School District (Discover Elementary and complex) – successful efforts were teamwork, cooperation, screening tools, immediate service for vaccination so kids could return to school.

Challenges included getting information to the public regarding vaccination hours; messages had to be left in our office and the public did not like this.

Communications to all staff regarding the overall plan and strategy should be improved next time. Workload and 2 separate offices were complicating factors.

Formal ICS roles with a template will be developed by the end of 2008. Future outbreaks will include briefing daily at the beginning of the day, and at the end of the day if appropriate; phone conference between offices will be used.

Encourage all providers of vaccines to use CHILD Profile immunization registry.

5. 2 Pertussis Cases - Anieca

Anieca shared there were 2 recent pertussis cases, both from the Mattawa area. 1 case went to children's hospital, which was a 45 day old baby, with 45 contacts: 41 contacts were identified in healthcare workers in Grant, Adams, Yakima and King Counties.

6. Measles – Final Report in Process – Dr. Brzezny

Dr. Brzezny reviewed slides in one of his power point presentations (handout at the meeting). He explained that recommendations change over time, that health care workers should have proof of measles immunity. We will be working with school nurses to organize and improve ready access to immunization records.

7. White Powder - Peggy

Only one change to white powder protocols has been made since 2003. This was an addendum for first responders. Law enforcement has been made aware of the protocols so that they will notify public health early on when there is an incident.

If there is question about the reporting flow for white powder incidents, there is a White Powder Decision Tree available on the shared drive.

See attached white powder incident report. Planning is underway to develop and provide training, in conjunction with the FBI, to Samaritan Healthcare so that they will release information readily to public health and to law enforcement when requested.

8. West Nile Virus (Jackie, Anieca, Amber)

West Nile Virus activity to date in Grant County includes 2 horses testing positive in Mae Valley near Moses Lake. The owner of one of the horses came down with symptoms but did not test positive. The owners think it's possible they brought the virus back with them from Arizona (they live in Arizona during our colder months and return to Grant County in Arizona's warmer months). Dr. Brzezny recommends to use "OFF" brand spray, but suggested that the "Deep Woods OFF" does a better job keep the mosquitoes away. We have had no dead birds tested.

9. Grant County Fair Septic/Sewage (Jerry)

Jerry received a complaint about sewage at the Fair grounds at the restroom near the rodeo grounds. Raw sewage was apparently on the ground, the septic system was faulty. The situation will be investigated further. This restroom was closed for a time during the fair, then reopened.

10. Communicating Public Health Information Effectively (Anieca, Wendy, Todd/Peggy)

Updates were given on chapters in the book. Anieca shared information on Chapter 8, "Communicating Public Health Information to Private and Voluntary Health Organizations". Anieca explained that the top priority of this communication should focus on efforts against disease. We must work closely with many kinds of organizations (volunteer, professional, advocacy groups, etc.). She reviewed the difference between private health organizations and voluntary health organizations. When we work with these organizations, we increase the credibility of public health. We do not want to allow other groups taking credit for our work.

Chapter 9, "Written Communication", Wendy shared the different types of written messages we use in public health. It is important to be brief, use key messages that get straight to the point. Also, organize written information in chronological order. She covered specific points for written communication such as adding graphics, explaining complex terms, etc. Also, it is important to ensure that the readability is appropriate for the target audience.

Chapter 10, “Oral Communication”, Peggy shared the summary for Todd in his absence. There are 3 types of oral communication, interpersonal, small group, and public communication. With public speaking, you need to be persuasive, also understand the audience, perceived trust-worthiness of the speaker, messaging includes (opening, body, closing), make your language clear, use visual aids when appropriate, observe non-verbal feedback from the audience.

11. Upcoming Training Opportunity (Theresa)

Social Marketing as a Science to be completed this fall in both EH and PH.

12. October 14 Shipping Class

This class will be in Ephrata. We have to be current within 2 years of training to package specimens for shipping.

13. Prevention Saves Money (Prevention Institute): Report

ROI in Washington State is \$5.50 for every \$1 spent, it takes >1 year for the returns.
See attached.

14. Disposing of Medications

Medications should be crushed and mixed with substances that will make them unrecognizable – coffee grounds, cat litter, etc. Prescription bottles should have names etc. obliterated. Meds should not be flushed.

Summer School “WE CAN” Classes 2008 Evaluation

Through the Washington Health Foundations “Healthy Systems Challenge”, funding was provided for nutritional education materials for grade school children, using the Catch Kids Club health education materials. At the time of the funding, Discover Elementary in the Moses Lake School District was chosen by Samaritan Healthcare, as the site to pilot the program, as Samaritan had requested the curriculum materials in order to provide the classes.

Samaritan Healthcare notified the Health District that they had not started the program due to their nutritionist leaving. Grant County Health District agreed to provide classes.

Discover Elementary was no longer a realistic option as the site to pilot the nutrition program, as it was late in the year and contacts had not been made with Discover school. Working with the school district administration (PJ DeBenedetti), the decision was made to implement the classes with their summer school program. This target population, specifically identified to be largely low income with a high proportion of students from monolingual Spanish-speaking homes, was more likely to potentially benefit from the classes.

The summer school program was receptive and willing to work out scheduling. In order to justify the time taken away from other important educational components language arts health materials were integrated into the classes. The 4 classes taught were broken down into sections; 15 minutes of interactive instruction and review using visuals, a 20 minute outside group activity that reinforced a message given during the instructions part, the last 25 minutes were spent in continued interactive instruction, discussing ideas on how healthier choices could be made with a writing activity that reinforced the concepts. Take home handouts, reinforcing incentives, and challenges to increase the amount of healthy choices they make were given at the completion of each class.

As the students were spending 6 weeks of their summer vacation in classes it was important that the classes be as enjoyable as possible as well as educational and motivating. Materials were used from both the Catch Kids Club and the MyPyramid curriculums to educate and reinforce basic health concepts. The group physical activities were taken from the Catch Kids Club activity box adapting them to reinforce the health message given that day.

The concepts taught included:

- awareness of the amount of sugar in beverages and the calorie content through label reading,
- the long term health problems related to unhealthy lifestyles,
- encouragement in using low fat dairy products,
- the benefits and importance of drinking water,
- eating 5 or more fruits and vegetables a day,
- choosing whole grains and ways to add them to your diet,
- the long term benefits of regular exercise,
- identification of the food pyramid,
- the concept of everyday versus sometimes foods, and
- the health benefits of eating a variety of foods.

The classes were approximately 1 hour, weekly for 4 weeks to 3rd graders (large groups up to 60 at one time). Class size fluctuation each week is considered normal for the summer school program.

Oral pre- and post- surveys were done, as well as a writing assignment, at the end of the last session. The 3 classroom teachers reported that they felt the students were retaining the health information given and gave examples of positive conversations over heard.

The teachers were very enthusiastic and requested they be done again next year. They also shared health information and motivation that they personally had gained. The summer school director was also very positive and requested that the classes be taught to all grade levels next year. She felt it was a worthwhile experience and that more students should receive it. The students were attentive and responsive. Many shared personal accounts of making a healthier choice and many questions were asked. After the last class Bev Black, who organized the program and taught the classes received tons of hugs and thanks along with remarks on personal health changes that the students were presently making or were planning to make.

Samaritan Healthcare is now working with the Moses Lake School District to make the Kids Catch program an after school program.

Objective Evaluation

Below are the pre- and post- survey results. The questions asked were taken from the WECAN program survey of which the Catch Kids Club is a part.

Questions asked:

Yesterday, did you eat French fries or chips?

Pre- yes 20%

Post- yes 15%

Yesterday, did you eat any vegetables?

Pre- yes 62%

Post- yes 87%

Yesterday, did you eat fruit? Do not count fruit juice.

Pre- yes 50%

Post- yes 74%

Yesterday, did you eat sweet rolls, doughnuts, cookies, brownies, pies, or cake?

Pre- yes 30%

Post- yes 35%

Yesterday, did you exercise or participate in sports activities that made your heart beat fast and made you breathe hard for at least 20 minutes?

Pre- yes 45%

Post- yes 87%

Which would you pick to drink?

Regular milk vs low fat or skim milk

pre- 23% chose regular milk

post- 11% chose regular milk

Which food would you eat for a snack?

Candy bar vs fresh fruit

Pre- 55% chose candy bar

post- 24% chose candy bar

An improved objective assessment tool should be used in future class evaluations.

Survey results may have been skewed by: peer pressure, wanting to please the teacher who had given them incentives, not knowing how many of the students attended all 4 sessions, language barriers.

Increase in exercise could be due to the fact that they were in classes 4 days a week with recesses.

Subjective Evaluation

Listening to them talk about making healthier choices and their being able to explain why it was important to them provided positive subjective information to confirm that health and nutrition classes can assist young people in creating healthier habits. Without reinforcement education and support, it is less likely that health changes will be significantly retained over time. Included below are some of the written remarks from the last class writing assignment.

Some of the written comments from students on last day of the session (with real-time grammar and spelling):

I like this class because it teaches us healthy

I learned about don't eat fat

The games thr were fun

I want to be helthy. You won't be sik so much

I liln to din water more

The classes are the coolest thing ever

I learned to eat healthy stuff and sorch of food

I love it I want I want to live for a long time

I learned to exercise and eat more healy stuff and some new games