

BWELL  *Saginaw*

BWell Saginaw Implementation and Success in Schools

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Objectives

By the end of this session, participants will be able to:

Describe the whole child model of health (physical, mental/emotional, nutrition)

Design one or more lessons/activities in each of those categories for their own setting

Agenda

- Introduction & County Context
- Why Schools & Program Design
- School-Based Activities & Successes
- Linking to BWell Saginaw County Data
- Replication Template & Next Steps
- Q&A

Opening Poll



Have you implemented any health and wellness programming in schools or the community?



**What type(s) of health programming
have you been involved with?**



What is the biggest barrier to implementing health programming in schools or communities?

Introduction & County Health Context

- Saginaw ranked 76 of 83 Michigan counties on health outcomes
- 1 in 5 residents self-report poor general health
- BWell Saginaw was launched to address our top identified health priorities
- HRAs brought the BWell Saginaw initiative to schools to provide direct, positive impact to students, staff and families

Why Schools?

- Students spend **most of their waking hours in school**, making it the ideal environment for consistent health messaging.
- Schools reach **multiple age groups and entire families**, allowing early education to ripple into the community.
- **Embedded staff – Health Resource Advocates (HRAs)** – provide ongoing support, building trust and continuity between schools, families, and the Saginaw County Health Department.
- Schools create an **opportunity for early intervention and prevention**, addressing health challenges before they become chronic issues.

Program Design & Planning

What BWell Adds

- **BWell Saginaw** integrates countywide priorities—obesity, chronic disease, mental health, and maternal/child health—into school programming.
- **Health Resource Advocates (HRAs)** act as liaisons, educators, and connectors.
- Programs are **customized by school**, designed with input from administrators, teachers, and community partners.
- HRA initiatives combine **education, prevention, and resource navigation**, linking schools to broader BWell Saginaw goals.

Why Focus on Physical Activity & Movement in Schools

Why Movement Matters: Data & Rationale

41.7% of Saginaw County adults are obese — the highest rate in Michigan

75% of county residents are overweight or obese; among children: 1 in 3 is overweight, 1 in 6 is obese

Only 24% of Saginaw residents maintain a healthy weight

Physical activity in schools helps interrupt sedentary behavior, supports cardiovascular health, and improves attention and academic outcomes

Physical Health / Movement Breaks & Challenges

Classroom movement challenges

- Monthly activities and education

Walking clubs

2,200+ students attended exercise and movement sessions during their school day

[Seated Movement Break](#)

Why Mental Health Matters: Data & Rationale

Saginaw County adults report ~6.3 “poor mental health days” on average in a 30-day period. In Saginaw’s Health Report Card:

- 18% self-report poor mental health
- 22% diagnosed with depression

Nationally, adverse childhood experiences (ACEs) are common — >58% of Michigan youth report at least one ACE

Mental health in adolescence is a predictor of academic outcomes, future mental health, substance use, and chronic disease risk

School-based mental health support reduces stigma, increases accessibility, and builds resiliency

Mental & Emotional Health Interventions

Mindfulness Exercise

Social-emotional learning (SEL) lessons

- 3,000 students received hygiene and handwashing education

Anti-bullying modules

- 3,000 students participated in healthy relationship and anti-bullying lessons

Stress reduction sessions

- 340 students participated in sleep health lessons

Why Nutrition & Food Exposure Matter

Why Nutrition Interventions in Schools? Data & Rationale

Only ~23–26% of middle and high schoolers in Saginaw report consuming ≥ 5 servings of fruits & vegetables daily

Saginaw County's adult food environment:

- 14% food insecurity in county
- 27% report worry about running out of food

In Michigan, ~13.1% of adults experience food insecurity (2021–2023)

In Michigan, ~32.6% of children ages 0–17 are overweight or obese

Exposure to healthy foods in schools helps shift preferences, normalizes fruit/vegetable consumption, and counters “food deserts”

Nutrition literacy + exposure in schools helps break cycles of poor diet, obesity, and related chronic diseases

Nutrition & Healthy Eating Strategies

- Go / Slow / Whoa
- Lunchtime food tastings
 - 18 tastings
 - 4800+ students reached
- Classroom nutrition lessons
 - 85 classrooms
 - 3100+ students reached



More School Success

From the 2024–2025 Health Resource Advocate Impact Report:

Overall School Participation - 11 school districts and 40+ school buildings engaged

Over 20,000 students reached through classroom sessions, events, and outreach

Student Learning & Skill Development

- 1,100+ students trained in Hands-Only CPR
- 1,800 students completed substance use and vaping prevention programs

Success Metrics & Reach

Student Outcomes & Engagement

- 92% of teachers reported students were **more engaged** in health-related discussions
- 87% of students could **identify a new healthy habit** after lessons
- 75% of students reported **trying a new healthy food** during tastings

Staff & Community Impact

- 2,270 staff trained in **Stop the Bleed**
- 500+ staff participated in **wellness challenges**
- 75+ school community health events coordinated countywide

Linking School Efforts to Countywide BWell Saginaw

Saginaw County Health Snapshot (from 2023–2026 CHA)

- 1 in 5 residents self-report poor health

Top 3 priority areas: Mental Health & Substance Use; Obesity & Chronic Disease; Maternal & Child Health

Youth Obesity Rates on the Rise

- Middle school obesity: 16% → 26%
- High school obesity: ~20% → ~22%

Mental Health and Substance Use: 17% of teens use marijuana

- Nationally, 50% of adolescents have mental health disorders

Maternal/Child: 35% births without early prenatal care; 10% babies born with low birth weight

- Infant mortality rates 8.8/1000 county, 13.2/1000 in city of Saginaw
- Teen pregnancy rate 34.2%

How School Programs Feed Into BWell Saginaw Strategies

School-level impact supports BWell Saginaw goals via:

Prevention and early intervention

Building health literacy & healthy habits early

Reducing disparities by targeting schools in underserved areas

Connecting school successes to community efforts (families, clinics, policy)

BWell Saginaw School Health Framework

Inputs: Health Resource Advocates, schools, community partners, health department resources

Activities: Movement breaks, SEL lessons, nutrition tastings, health presentations

Outputs: Students reached, lessons delivered, schools engaged

Outcomes:

- Short-term: Increased awareness, improved daily habits
- Intermediate: Better student engagement, healthier coping strategies, exposure to nutritious foods
- Long-term: Reduced obesity, improved mental health, healthier future adults

Health Equity in Saginaw County Schools

Higher rates of obesity, chronic disease, and food insecurity than Michigan averages

Schools provide access to *all* children, regardless of income, insurance, or family resources

Equity lens ensures:

- Culturally relevant lessons
- Programs reach both urban and rural schools
- Supports for students with limited food or health resources

Community Partnerships Make It Possible

Health Resource Advocates (HRAs) embedded in schools

Saginaw County Health Department leadership

Teachers & school staff supporting integration

Parents & families reinforcing habits at home

Local nonprofits & coalitions providing resources

Measuring Our Impact

Reach: Over 20,000 students engaged each year from 2021–2025

Physical health: Movement breaks increased daily activity by 30% for elementary students

Mental health: Students report feeling calmer after mindfulness breaks

Nutrition: >70% of students tried a new healthy food when offered during tastings

Feedback from teachers: improved focus and fewer behavior issues after activity breaks

Voices from the Classroom

The numbers tell one story – but the voices tell another

“Our HRA ensures students are healthy, present, and ready to learn. Their work addresses the needs of the whole child – academically, physically, mentally, and emotionally. Their contributions are both preventative and responsive, making a lasting difference every single day.”

– *Diane Martindale, Superintendent, Birch Run School District*

“BWell brought a fresh voice into the classroom – an alternative perspective that reinforced and elevated the lessons we teach every day. Their presence created a well-rounded, holistic approach to health education that truly resonated with our students.”

– *Health & PE Teacher, Saginaw Arts and Sciences Academy, Saginaw Public School District*

“They love sampling the smoothies while gaining knowledge about exercise and nutrition. Events like these wouldn’t be possible without the HRA program.”

– *Director of Dining Services, Swan Valley School District*

Connecting Schools to BWell Saginaw County-Wide Goals

Schools = early intervention point for county's top health needs

Supports BWell focus areas:

- Obesity & chronic disease prevention
- Mental health & substance use reduction
- Maternal & child health through healthy starts

Creating healthier students → healthier families
→ healthier county

Bwell Success Beyond the Classroom

- **5,000+ residents reached** through community events & health fairs in FY24
- **BWell Race participation growing** - 554 (2024) → 689 (2025)
- **“Healthier Me” podcast launched** — 14 episodes featuring local experts on priority health topics
- **Regional Safe Sleep Campaign** developed and launched with community partners
- **BWell Baby program in development** — linking new moms/families to essential services at birth hospital

How to Replicate in Your Schools and Community

Start small: add short movement or mindfulness breaks into class time

Partner with schools & public health departments

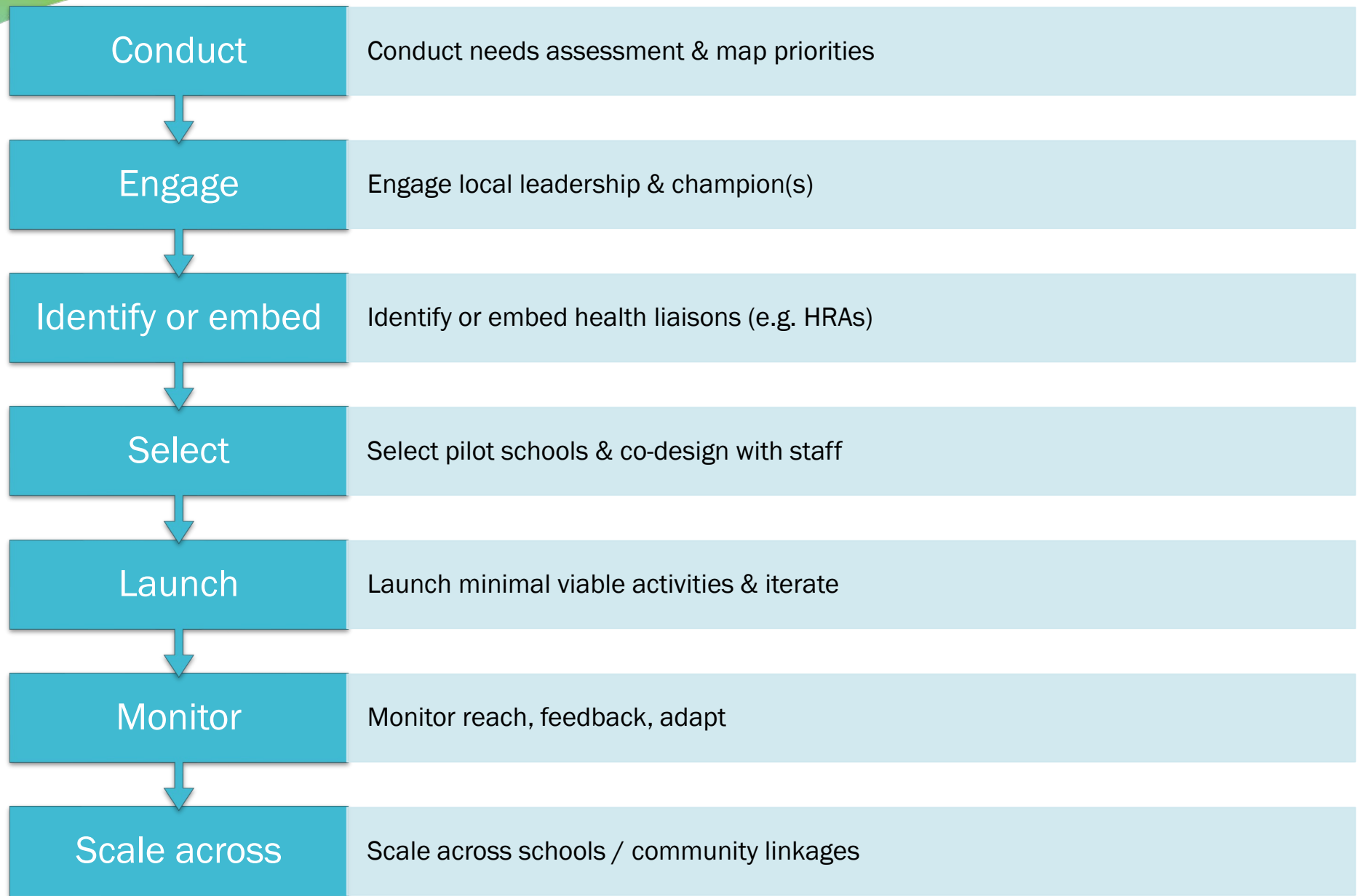
Build cross-sector partnerships for resources (nonprofits, coalitions, families)

Evaluate & adapt: track engagement and share successes

Sustainability requires:

- Funding for embedded staff (HRAs or equivalents)
- Strong community partnerships
- Continuous adaptation to student needs

Replication Template / Steps to Launch



Key Takeaways

The whole child model is essential for sustainable health

Simple, short, context-sensitive lessons can make a difference

Embedded staff (HRAs) and school buy-in are critical

School efforts must be aligned with community-level health strategies

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Questions & Discussion

Thank You

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References

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- <https://www.wnem.com>
- [State of Childhood Obesity](#)