Advocacy 101: Going the Distance for School Health

ASHA Annual Conference
October 14, 2015
Orlando, FL
Presenters

• Sandy Klarenbeek, CHES, FASHA
• Kayce D. Solari Williams, Ph.D., MPH, MS
• JoEllen Tarallo-Falk, Ed.D., MCHES, FASHA
• Catherine Vowell, MBA
• David C. Wiley, Ph.D., MCHES, FASHA
Agenda

• Setting the Stage
• Advocacy 101
• Using Data for Advocacy
• Case Approach
• Break
• Health & Academics
• Garnering Administrative Support
• ASHA’s Advocacy Committee
• Take Away: Tools & Strategies
Today’s Objectives

• Participants will understand basic concepts of advocacy for school health
• Participants will identify strategies for advocacy that cut across schools, school districts, and community structures
• Participants will identify approaches for gaining administrator support for school health
• Participants will identify the current focus related to advocating for school health on the national level
Materials

• ASHA Advocacy 101 Manual, 2001
• NASBE What School Boards Can do to Support CSH
• ASHA What School Administrators Can do to Support CSH
• AAP Advocacy Guide: http://www2.aap.org/commpeds/CPTI/training-modules.cfm
Housekeeping/Ground Rules

• Start/end on time
• Breaks are scheduled, but leave as you need
• Confidentiality
• Respectful of others’ views
• Limit the side conversations
• Active participation, but okay to “pass”
• Texting and cell phone etiquette please
Setting the Stage

Where & What Role
Success
Challenge
Your Name
Politicking

• Politicking: “participating in or intervening in any political campaign on behalf of (or opposition to) any candidate for public office (which includes national, state of local).”

• Includes
  • Contribution of funds or public statements of position (verbal or written) made on behalf of the organization to support or support any candidate
  • Distributing statements by others that favor or oppose any candidate for public office
  • Allowing a candidate to use resources of an organization w/o allowing other candidates equal opportunity
  • Voter education conducted in a non-partisan manner is allowed

Advocacy

• “Advocacy is the pursuit of influencing outcomes, including public policy and resource-allocation decisions within political, economic, and social systems and institutions—that directly affect people’s lives”

• Shaping public policy (not political races)

• “Speaking up” about your organization, its mission and purpose

• Right of every member of society

We’re Off ....to Advocate for Children and Coordinated School Health......
Use of Data for Advocacy
American School Health Association – Advocacy Committee 2015
Segment Overview

- Use of assessments / data
- Identifying and prioritizing issues
- Role of coalitions and partnerships
Appropriate Use of Data

- Surveillance
- Advocacy
- Program Evaluation
- Grants
- Drive Instruction
- Objective Communication
- Goal setting
## What are the Issues?

<table>
<thead>
<tr>
<th>C. S. Mott Children’s Health Poll 2015</th>
<th>Childhood Obesity 60%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bullying 58%</td>
</tr>
<tr>
<td></td>
<td>Internet Safety 51%</td>
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<tr>
<td></td>
<td>Child Abuse &amp; Neglect 49%</td>
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<td></td>
<td>Sexting 45%</td>
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<tr>
<td></td>
<td>Smoking and Tobacco Use 45%</td>
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<td></td>
<td>School Violence 45%</td>
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<tr>
<td></td>
<td>Teen Pregnancy 42%</td>
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<td>Stress 41%</td>
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</tbody>
</table>
Local Sources of Data

- FitnessGram
- School Health Index
- Youth Risk Behavior Surveillance Survey

District

School

Community
<table>
<thead>
<tr>
<th>Grade</th>
<th>EPISD (Boys)</th>
<th>State (Boys)</th>
<th>EPISD (Girls)</th>
<th>State (Girls)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>56%</td>
<td>28%</td>
<td>70%</td>
<td>32%</td>
</tr>
<tr>
<td>4</td>
<td>54%</td>
<td>20%</td>
<td>68%</td>
<td>27%</td>
</tr>
<tr>
<td>5</td>
<td>56%</td>
<td>17%</td>
<td>56%</td>
<td>23%</td>
</tr>
<tr>
<td>6</td>
<td>44%</td>
<td>17%</td>
<td>56%</td>
<td>23%</td>
</tr>
<tr>
<td>7</td>
<td>38%</td>
<td>17%</td>
<td>49%</td>
<td>21%</td>
</tr>
<tr>
<td>8</td>
<td>39%</td>
<td>18%</td>
<td>42%</td>
<td>19%</td>
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<tr>
<td>9</td>
<td>28%</td>
<td>14%</td>
<td>23%</td>
<td>13%</td>
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<td>10</td>
<td>19%</td>
<td>13%</td>
<td>29%</td>
<td>12%</td>
</tr>
<tr>
<td>11</td>
<td>21%</td>
<td>12%</td>
<td>20%</td>
<td>10%</td>
</tr>
<tr>
<td>12</td>
<td>12%</td>
<td>9%</td>
<td>10%</td>
<td>8%</td>
</tr>
</tbody>
</table>

*HFZ achievement in all six areas assessed; SY2010*
Carol M. White PEP Grants

- Cadre of lead teachers trainers
- Comprehensive k-12 physical education curriculum
- Pedometers – elementary
- Heart rate monitors – secondary
- Fruit and veggie club – 2nd grade
- Online professional development modules
School Health Index
Paso del Norte Health Foundation Grant

**Goals:** 1) Improve Health Literacy, 2) Increase Physical Activity, and 3) Share Results

- Districted develop CSH Program
- Integrated elementary health curriculum
- Comprehensive secondary health curriculum
- Activity Zones (Elementary)
- Wellness Centers (Secondary)
- Comprehensive 3rd party evaluation with annual reports
Youth Risk Behavior Surveillance Sur

Percentage of Students Who Had Multiple Partners*, by Race/Ethnicity, 1991–2013

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>43%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>17%</td>
</tr>
<tr>
<td>White</td>
<td>26%</td>
</tr>
</tbody>
</table>


*Four or more lifetime partners
**Among sexually active students (those who had sexual intercourse during the three months before the survey), those who report that they or their partner used a condom the last time they had sexual intercourse
SHAC Approved!

- Secondary Curriculum
  - Big Decisions
  - EPISD Health
- Secondary Supplemental Programs
  - No Means No
  - Power 2 Wait
  - Power 2 Talk
- Elementary programs
  - Always Changing
  - Just Around the Corner
Role of Partnerships and Coalitions
School Health Advisory Council

Membership:
- Staff – district personnel representing the 8-component CSHP model
- Community
  - University of Texas at El Paso
  - Paso del Norte Health Foundation
  - Texas Department of State Health Services
  - Department of Health
  - Pan American Health Organization
  - Braden Aboud Memorial Foundation
  - American Cancer Society
- Parents – 1 representative from each campus
SHAC Resolutions Accepted by the EPISD School Board

- High School Health Requirement
- Middle School Comprehensive Health
- Human Sexuality Criteria Document
- Elementary - Integrated Health Model
- Healthy Snack Guidelines
- Recess B4 Lunch
- Sun Shelters

- State Mandates
- State Mandates
- YRBSS
- SHI
- FitnessGram
- Wellness Policy
- Wellness Policy
Other Notable Partners

- Pan American Health Organization
  - Chamizal Improvement Project
- El Paso County & District Attorney’s Office
  - No Te Dejes! (Don’t Let Yourself)
- Braden Aboud Foundation
  - Blanket drive
  - Annual fun run
  - Annual sneakers 4 schools giveaway
- Safe Routes to Schools
- First Tee
- USTA
Advocating for YRBS Case Scenario

- The state level legislators have passed new rules that allow local school districts to opt out of surveying students unless it is mandated at the national or state level.
- As a School Health Coordinator, that can significantly impact your work.
- You rely on data from the YRBS and other reliable data to apply for funding to support school health programming.
- What strategies would you use to advocate to your local school administration and school board to allow your students to take the YRBS and/or other surveys for data gathering to be used in grant writing?
Know the Core Messages  
AND  
The Audience-Specific Messages

Be Ready to Share with Key Stakeholders How They Can Take Action
KNOW THE EVIDENCE
Academic Achievement

Academic performance

• Class grades
• Standardized tests
• Graduation rates

Education behavior

• Attendance
• Drop out rates
• Behavioral problems at school

Students’ cognitive skills and attitudes

• Concentration
• Memory
• Mood
# Healthy Eating and Academic Achievement

<table>
<thead>
<tr>
<th>Dietary Behavior/Issue</th>
<th>Related Academic Achievement Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation in the School Breakfast Program (SBP)</td>
<td>• Increased academic grades and standardized test scores</td>
</tr>
<tr>
<td></td>
<td>• Reduced absenteeism</td>
</tr>
<tr>
<td></td>
<td>• Improved cognitive performance</td>
</tr>
<tr>
<td>Skipping breakfast</td>
<td>• Decreased cognitive performance</td>
</tr>
<tr>
<td>Lack of adequate consumption of specific foods</td>
<td>• Lower grades</td>
</tr>
<tr>
<td>Deficits in specific nutrients</td>
<td>• Lower grades</td>
</tr>
<tr>
<td></td>
<td>• Higher rates of absenteeism and tardiness</td>
</tr>
<tr>
<td>Insufficient food intake</td>
<td>• Lower grades</td>
</tr>
<tr>
<td></td>
<td>• Higher rates of absenteeism</td>
</tr>
<tr>
<td></td>
<td>• Repeating a grade</td>
</tr>
<tr>
<td></td>
<td>• Inability to focus</td>
</tr>
</tbody>
</table>
Core Messages

• Healthy students are better learners
• Schools can influence eating and physical activity behaviors
• Healthy, successful students help build strong communities.
• All students deserve the opportunity to be healthy and successful
# Audience-specific Messages

<table>
<thead>
<tr>
<th>Audience</th>
<th>Benefits to the Audience</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>States</strong></td>
<td>• Help reduce barriers to learning</td>
</tr>
<tr>
<td></td>
<td>• More likely to have higher levels of education</td>
</tr>
<tr>
<td></td>
<td>• Contributes to a better prepared workforce</td>
</tr>
<tr>
<td><strong>School Districts</strong></td>
<td>• Increased attendance rates</td>
</tr>
<tr>
<td></td>
<td>• Increased graduation rates</td>
</tr>
<tr>
<td></td>
<td>• Higher district-wide test scores and grades</td>
</tr>
<tr>
<td><strong>Schools</strong></td>
<td>• Meet educational goals</td>
</tr>
<tr>
<td></td>
<td>• Decreased rates of student absenteeism</td>
</tr>
<tr>
<td></td>
<td>• Fewer behavioral problems</td>
</tr>
<tr>
<td></td>
<td>• Higher school-wide test scores and grades</td>
</tr>
<tr>
<td><strong>Parents</strong></td>
<td>• Opportunities for your child to practice healthy behaviors</td>
</tr>
<tr>
<td></td>
<td>• Help your child become better learners</td>
</tr>
<tr>
<td><strong>Students</strong></td>
<td>• Feel better</td>
</tr>
<tr>
<td></td>
<td>• Increase their concentration</td>
</tr>
<tr>
<td></td>
<td>• Have better grades and test scores</td>
</tr>
</tbody>
</table>
Share the Message

• Consistently share the evidence, key messages, and benefits with key stakeholders
• Include this topic in professional development for district and school staff
• Ask parents to support and promote the healthy eating and physical activity as a way to improve academic achievement
• Use meaningful success stories that support healthy eating and physical activity as a way to improve academic achievement
Who Can Take Action?

- States
- Schools Districts
- Schools
- Parents
- Students
USE THE RESOURCES
• CDC Resources and Guides
  • http://www.cdc.gov/HealthyYouth/health_and_academics/

• ASCD The Whole Child Initiative
  • http://www.ascd.org/whole-child.aspx

• Healthy Schools Campaign “Healthy In Mind” Report
  • http://www.nasmhpd.org/docs/PreventionResources/Health_in_Mind_Report.pdf

• Action for Healthy Kids – “The Learning Connection”
  • http://www.actionforhealthykids.org/media-center/reports/706-the-learning-connection-what-you-need-to-know-to-ensure-your-kids-are-healthy-and-ready-to-learn
THANK YOU!
REFERENCES


GARNERING ADMINISTRATOR SUPPORT FOR SCHOOL HEALTH

Objective:
Identify tools and strategies to actively engage school administrators in supporting the district's school health programs.

JoEllen Tarallo-Falk, Ed.D., MCHES, FASHA
Center for Health and Learning
www.healthandlearning.org
What **attitudes** or **actions** do you want to encourage?

What **data** do administrators need to interpret the issue?

What **policies** or **programs** do you want to promote?
A is for Advocate!

Anchor (the concern)

Add (knowledge)

Apply (to the situation)

Away (suggest next steps)
PRACTICE USING THE AAAA MODEL

To Begin:

1. Form pairs
2. Decide... who is “A” and who is “B”
3. Prepare for the following situations

Round 1:
- Person “A” will be the administrator and ask the advocate the question on the card.
- Person “B” will be the advocate and will role model a response.
- At the bell, the administrator will give the advocate feedback...tell what was effective.

Round 2:
- Switch roles and repeat
THE SITUATION:
You have been experiencing an increase of office visits that you associate with mental health problems. You believe the school needs to get a protocol established with the local mental health agency. You are in the hall talking with your administrator....

Administrator: I have had a lot of teachers send students to my office lately.
Advocate: (Anchor the concern.)
Administrator: There seems to be an increase in behavior problems.
Advocate: (Add knowledge, e.g., data about number of office visits by types of issues)

Administrator: Students are anxious and harsh to one another.
Advocate: (Apply to the situation)

Administrator: We may need to address this with the Educational Support Team.
Advocate: (Away - suggest next step/s)
THE SITUATION:
Parents worked hard to get vending machine policies in place last year. District vision statement includes mention of “children coming to school ready to learn.” School staff are eager for a program to reduce overweight. Lots of staff supportive of after school programming but there has been no action. You are in the hall talking with your new administrator....

Administrator: I am concerned about how much weight Jeri has gained.

Advocate: (Anchor the concern about fitness levels and eating habits.)
Administrator: I am not sure what we could do.

Advocate: *(Add knowledge, e.g., data about student fitness levels and eating habits and amount of screen time kids report at home.)*

Administrator: I don’t know what the proper role of the school is here.

Advocate: *(Apply to the situation)*

Administrator: Perhaps we should consider talking to parents about interest.

Advocate: *(Away - suggest next step/s)*
RESOURCES

• Identify staff, parent and/or community stakeholders
• Identify local, state and national resources
• Use information and resources to identify research-based programs and strategies
ASHA Advocacy Efforts

Advocacy
The act of pleading or arguing in favor of something, such as a cause, policy, or interests or active support of an idea or c
Committee Members

Dr. David Wiley
Catherine Vowel
Ann Junk
Dr. JoEllen Tarello-Falk
Linda Morse
Beth Cox
Jamie Sparks
Kayce Solari Williams
Sandy Klarenbeek
Purpose of Advocacy Committee

- Actively support issues at the national level which align to:
- ASHA’s mission,
- strategic plan,
- core beliefs in action,
- and/or ASHA is specifically noted as a partner or officially represented on development committee.
Focus of Work

- Survey of membership to identify priority areas, fall 2014
- Priority areas:
  - Support health and physical education/activity as core academic subjects in ESEA/ECAA (Every Child Achieve Act) reauthorization.
  - Support WSCC (Whole School, Whole Community, Whole Child) model for coordinating school health
  - Support state level school health coordinator positions
Organizational Structure

- Recruited committee members
- Members volunteered for work groups:
  - On the Spot work group - review sign-ons requests/support letters
  - Conference Workshop work group - part of the responsibility of this committee in the ASHA strategic plan
  - Coordinated School Health work group
  - ESEA/ECAA Reauthorization work group
  - Legislator of the Year award work group
Position Papers, not Resolutions

- Change to position paper:
  - More effective, timely process
  - Provide staff and members with tools for advocacy
  - Avoid out-datedness
  - Write so non-health people can understand and use
  - Format

- Position Statement: A Coordinated Approach to Support Health and Learning
  - [http://www.ashaweb.org/news-events/advocacy/#positions](http://www.ashaweb.org/news-events/advocacy/#positions)
Mission: A coalition of national organizations dedicated to improving the health and well-being of all preK-12 children and youth through collective advocacy and policy change at the federal level.

Meet monthly to address health and education issues that affect our children and youth.

On the Spot work group quickly responds.
How About You?