OVERVIEW & OBJECTIVES

- School health has many moving parts and can mean different things to different audiences.
- Developing the skills needed to communicate the school health message in an effective and conscience manner, to any audience – at any time, in today’s competing priorities.
- School health professionals have multiple tools and resources available to them to make an impact.
- Participants will learn how to capitalize on these valuable tools for advocacy and awareness of school health practices and policies.

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 or local).”
- Includes:
  - Contribution of funds or public statements of position (verbal or written) made on behalf of the organization to support or oppose any candidate
  - Distributing statements by others that favor or oppose any candidate for public office
  - Allowing a candidate to use resources of an organization without 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


SCHOOL DISTRICT EMPLOYEES

• Be aware of any local policy dealing with addressing school board trustees
• However, you are a local taxpayer/citizen as well!!
• Don’t be afraid to speak up, but have some “street smarts”

WHY ARE WE DOING THIS?

START THE CONNECTION

STAKEHOLDERS | ISSUES | DATA
WHO ARE YOUR STAKEHOLDERS?

- Administrators
- School Board
- Teachers
- Students
- Community
- Families

WHAT DO THEY CARE ABOUT?

- Performance Ratings
- Scholarships
- Publicity
- Merit Increases
- Graduation Rates
- Revenue
- Attendance
- Violence Prevention
- Performance Ratings

TEEN PREGNANCY PREVENTION

<table>
<thead>
<tr>
<th>Stakeholder/Group</th>
<th>Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Board/Community</td>
<td>In 2010, teen pregnancy and childbirth accounted for at least $9.4 billion in costs to U.S. taxpayers for increased health care and foster care increased incarceration rates among children of teen parents, and lost tax revenue because of lower educational attainment and income among teen mothers.</td>
</tr>
<tr>
<td>Administrators/Teachers</td>
<td>Only about 50% of teen mothers receive a high school diploma by 22 years of age, whereas approximately 90% of women who do not give birth during adolescence graduate from high school</td>
</tr>
<tr>
<td>Students/ Teens</td>
<td>The children of teenage mothers are more likely to have lower school achievement and to drop out of high school. They have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult</td>
</tr>
<tr>
<td>Family / Parents</td>
<td>Teens who talk with their parents about sex, relationships, birth control and pregnancy begin to have sex at later ages and use condoms and birth control more often if they do have sex, have better communication with romantic partners, and have sex less often</td>
</tr>
</tbody>
</table>

Centers for Disease Control & Prevention: [http://www.cdc.gov/reproductivehealth](http://www.cdc.gov/reproductivehealth)
EVERY STUDENT SUCCEEDS ACT (ESSA)

• **What is ESSA?**
  - Fifty years ago, the Elementary & Secondary Education Act (ESEA) was signed into law as an effort to ensure quality education for all students regardless of disability, language proficiency, race, or zip code. The Every Student Succeeds Act (ESSA), signed into law in December 2015, is a renewal of the nation’s commitment to improve schools for all students.
  - ESSA provides states with more flexibility and leadership in education policy while rolling back the federal government’s role.

• **Timeline:**
  - 2016-2017: The US Department of Education (USED) issued final regulations and guidance documents on ESSA.
  - 2017: Each state must submit a State plan that details how ESSA will be implemented in the State to the USED. States submitted their state plans on April 3, 2017 (16 states and District of Columbia) or September 18, 2017 (34 states). After submission, the USED conducts a peer review process of the plan and then Secretary DeVos determines final approval of it.
  - 2017-18: States are required to have their new accountability systems in place by the 2017-18 school year.

ESSA – WHY YOU SHOULD CARE!

• **Know how health and physical education is addressed in ESSA AND your state’s plan!**
  - It is imperative that health and physical educators educate themselves about ESSA now so that they can proactively be involved in conversations and work groups as states and localities implement the State plan.

• **Stakeholder engagement is a critical component of ESSA.**
  - Not only is stakeholder engagement required as the states developed their State plan, but it is a best practice that ensures the plans address the needs of all children. In particular, it helps to ensure the health and physical well being of children are effectively and properly addressed.
ESSA AND SCHOOL HEALTH

• “Well-Rounded Education”: School health and physical education are identified as part of a student’s “well-rounded” education. The term “well-rounded education” replaces the term “core subjects” used in previous authorizations of the ESEA.
  - Subjects included in a well-rounded education are allowed the use of funds by states and school districts for Title I (low-income schools) and Title II (professional development for teachers and principals).
• School Improvement (Title I): Under ESSA, states can use school improvement funding (funding set aside to support school improvement in the lowest performing schools) to support student engagement and healthy and supportive school environments.
  - Examples: providing mental health awareness training programs for school personnel, expanding access to school-based mental health partnerships, and supporting schools in integrating health and safety practices into their programs.

ESSA AND SCHOOL HEALTH

• Professional Development (Title II): There is greater flexibility in how professional development funding can be spent. This presents an opportunity to provide school staff with the knowledge and skills need to create healthier school environments.
• Block Grant Funding for Safe and Healthy Students (Title IV): School health, physical education and physical activity programs will have access to block grant funding under Title IV of ESSA. ESSA requires districts to allocate 20 percent of Title IV funds to programs that support safe and healthy students.

STATE PLANS AND SCHOOL HEALTH

Examples of how some states have addressed school health in their ESSA State plan:
• Florida:
  - The state will disburse ninety-five percent of the Title IV, Part A, Subpart 1 funds via formula grant to LEAs submitting the state developed RFA. LEAs must allocate at least 20 percent of funds for activities to support “well-rounded”, educational opportunity and at least 20 percent of funds for activities to support safe and healthy students.
• Michigan:
  - Time spent in physical education (K-8) is listed as an accountability measure.
  - Use of funds will be determined by reexamined “whole child” needs assessment. There will be a single application system, with flexibility for districts based on their needs. Districts may choose to subsidize testing, improve technology infrastructure, hire an additional counselor, or teaching staff that focus on instruction in the arts, literacy, media, health and/or physical education or implement a district wide behavior plan.

STATE PLANS AND SCHOOL HEALTH

• New York:
  - For school improvement, the comprehensive needs assessment will look closely at how the school is organized for success through the Tenets of leadership, curriculum, instruction, social-emotional developmental health, and family and community engagement. Data points also include number of professional development days for teachers, number of school social workers, nurses, and counselors.
  - The Department will require schools and districts undertaking a Comprehensive Needs Assessment and school improvement plan to incorporate input from relevant community partners that work in the school or work with the students the school serves in a community-based setting, such as after-school providers, summer program providers, early care providers, community colleges, health providers, and mental health providers.
  - The Department will support districts in creating conditions that maximize all students’ learning, especially for traditionally marginalized youth, including youth of color, LGBTQ youth, and youth with disabilities, through activities, policies, and strategies that reduce bullying, harassment, and the overuse of punitive and exclusionary responses to student misbehavior.
OPPORTUNITIES FOR ADVOCACY

- Required Needs Assessment
- State Accountability System
  - One non-academic indicator is required
- Health & physical education professional development

LOCAL SCHOOL WELLNESS POLICIES (LWP)

- Health & Physical Education Intervention Programs
- School Nurse
- School Health Coordinator
- School Administrator

LOCAL WELLNESS POLICY

- Child Nutrition and WIC Reauthorization Act of 2004
- Healthy, Hunger-Free Kids Act of 2010
- USDA Food and Nutrition Service – New Rule

WHAT IS NEW WITH USDA NEW RULE?

- Content of the Wellness Policy
- Wellness Leadership
- Public Involvement
- Triennial Assessments
- Documentation
- Public Updates
TAKE ACTION!

DALLAS INDEPENDENT SCHOOL DISTRICT’S LW P STORY

Set Goals

Dream Big

SHAC ‘AD-HOC’ LWP COMMITTEE

- Coordinator, Counseling Services
- Coordinator, School Health
- Coordinator, School Leadership
- Director, Food & Child Nutrition
- Director, Health & Physical Education
- Director, Health Services
- Parent, American Heart Assoc.
- Parent, School Board Appointed

POLICY REVISION PROCESS

USDA New Rule

TASB Recommendation

Schedule Work Sessions

Examine Current Policy

Communicate Updates

Revise Exhibit

Revise Local

Revise Regulation

Board/TASB Approval

DALLAS ISD MILESTONE

- First Annual Wellness Policy Report
- 2015-2016 Checklist Data
- Key Finding: Schools with CSH programming have:
  - improving adherence to policy
  - increased coverage of health standards
  - higher rates of encouraging parent support of physical activity
**LWP RESOURCES**

- Putting Local School Wellness Policies Into Action: Stories from Districts and Schools: [http://www.cdc.gov/healthyyouth/npao/wellness.htm](http://www.cdc.gov/healthyyouth/npao/wellness.htm)
- Alliance for Healthier Generation, School Wellness Committee Toolkit: [https://schools.healthiergeneration.org](https://schools.healthiergeneration.org)

**QUICK TIPS FOR COMMUNICATING YOUR MESSAGE**

- Be brief
- Give them a takeaway
- Look for the “offers”
- Be gracious when people move on
- Leave the door open

**NATIONAL RESOURCES**

_Resources and nationally relevant issues to support your advocacy efforts_
ASCĐ

We challenge communities to redefine learning to focus on the whole person. We encouraged schools and communities to put aside perennial battles for resources and instead align those resources in support of the whole child. Policy, practice, and resources must be aligned to support not only academic learning for each child, but also the experiences that encourage development of a whole child—one who is knowledgeable, healthy, motivated, and engaged.

- Whole Child Commission, 2007

CDC

In sum, if American schools do not coordinate and modernize their school health programs as a critical part of educational reform, our children will continue to benefit at the margins from a wide disarray of otherwise unrelated, if not underdeveloped, efforts to improve interdependent education, health, and social outcomes. And, we will forfeit one of the most appropriate and powerful means available to improve student performance.

- Lloyd Kolbe, 2002

SUPPORT MATERIALS

• ESSA Resources:

• ESSA Comparison Guide:

• NASBE What School Boards Can do to Support CSH:
  http://www2.aap.org/commpeds/CPTI/training-modules.cfm

• Annie E Casey Foundation “A Guide to Measuring Policy and Advocacy”:
SUPPORT MATERIALS (CONT.)

- SHAPE America Advocacy:
  http://www.shapeamerica.org/advocacy/essa.cfm/

- ASHA What School Administrators Can do to Support Coordinated School Health:

- AAP Advocacy Guide:
  http://www2.aap.org/commpeds/CPTI/training-modules.cfm

"UNLESS SOMEONE LIKE YOU CARES A WHOLE AWFUL LOT, NOTHING IS GOING TO GET BETTER. IT'S NOT."

- DR. SEUSS

CONTACT INFORMATION

David C. Wiley
DavidC.Wiley@txstate.edu

Kayce D. Solari Williams
kdsolari@central.uh.edu

Sunnin Keosybounheuang
skeosybo@emporia.edu