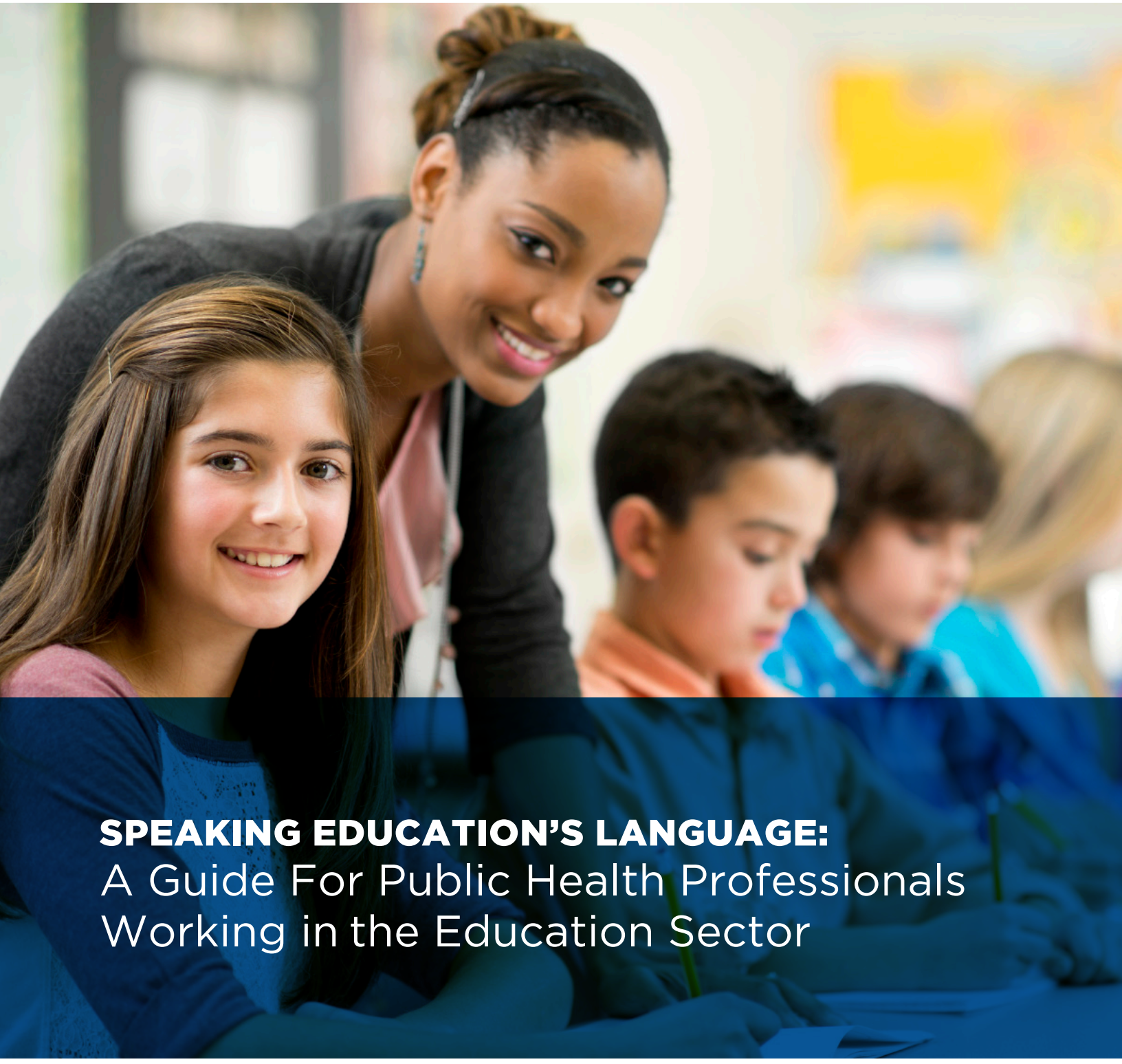

SPEAKING EDUCATION'S LANGUAGE:
A Guide For Public Health Professionals Working in the Education Sector

NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS
Promoting Health. Preventing Disease.

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Introduction

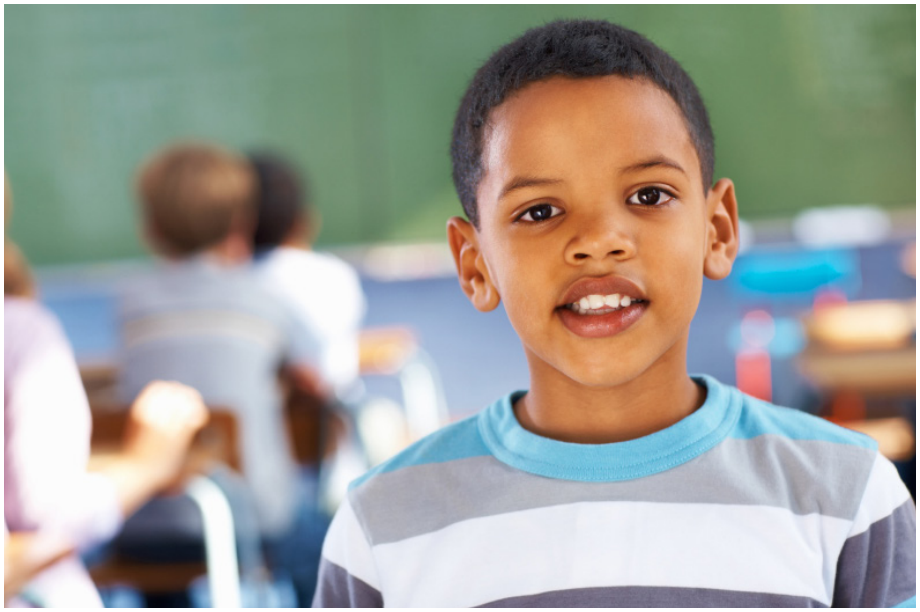
OVER THE LAST DECADE, schools have received increasing attention as an important venue for health-related initiatives of many kinds, including obesity prevention, physical activity, nutrition, safety and injury prevention, school health services and chronic disease management, to name a few. Schools are an ideal place to address many public health concerns, as children and adolescents spend nearly half of their waking hours at school for 13 critical years of development. Strong school health programs, policies and practices can support access to health services at school and help to establish good health behaviors at an early age. They create an environment where all children are given the opportunity to be healthier regardless of location, ethnicity, income or health status.

Working with schools to create healthier environments for students and staff comes with unique challenges. Public health professionals are experts in their field, but are often not as familiar with the systems, structure, language, policies and priorities that drive the education partner they are working with. Those who have worked in the world of school health for many years often speak of the steep learning curve (or in some ways, "unlearning" curve) that exists for those working on health initiatives in the education environment.

Navigating the Guide

BEGIN WITH SECTION 1 – ***Adjusting Public Health's Lens to Work More Effectively with the Education Sector: Pitfalls to Avoid.*** In order to understand how to best communicate and work with educators, it's helpful to first step back to consider some of the mistakes public health professionals can easily make when making earnest, well-meaning efforts to partner with schools. Public health professionals care deeply about the issues that drive our work – we want kids and the staff that work with them to be healthy. However, sometimes in our own drive to lead positive change around health, we can lose sight of what matters most to educators, and fail to connect our own passion with theirs – educating children.

SECTIONS 2 AND 3 of the Guide are designed to help with this second part, providing specific direction around how public health professionals can more effectively communicate and work with the education sector. The guidance and tips reflect the experiences, successes and failures of a wide variety of people who have worked in school health for many years. It is NACDD's hope that their collective wisdom will benefit many partnerships and initiatives involving public health and education for years to come.



SECTION 1

Adjusting Public Health's Lens to Work More Effectively with the Education Sector: Pitfalls to Avoid

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Adjusting Public Health's Lens to Work More Effectively with the Education Sector: Pitfalls to Avoid

1. **Expecting that the health of children and adolescents be as high a priority in the education system as it is in the public health system.**
2. **Approaching an education partner with the wrong question: What do I *need* from schools rather than what can I *offer* schools.**
3. **Approaching school staff, administrators and school boards with the mindset of working *in* schools rather than working *with* schools.**
4. **Failing to do the background work around the "5 Ps" of an education partner – Priorities, Politics, Policies, Practices and Programs – before developing plans to work with them.**
5. **Misinterpreting a school, district or education agency's "lack of interest in health concerns" as "lack of caring," versus the product of competing interests.**
6. **Underestimating the barriers in the education system to some public health initiatives.**
7. **Thinking that the availability of funds or a grant for a specific school health-focused program automatically means that the school or district will want it.**
8. **Approaching schools or districts with public health plans or programs that were written without the education partner's input and without first gaining an understanding of their process and goals.**
9. **Having a singular-focus on and general overuse of the word "policy."**
10. **Measuring the success of a school health program or policy only with health-related outcomes.**
11. **Overwhelming education partners with large amounts of public health data and lingo.**
12. **Using the words "school health" or "coordinated school health," assuming that both sides have a common understanding of what they mean.**
13. **Having a singular focus on obesity prevention.**

Adjusting Public Health's Lens to Work More Effectively with the Education Sector: Pitfalls to Avoid

1 Expecting that the health of children and adolescents be as high a priority in the education system as it is in the public health system.

RECOMMENDATION: Always keep in mind that both the public health and education systems want what is best for kids, and this includes being healthy. However, what each system is kept accountable for, and the degree to which they are held accountable, is entirely different.

Education's primary charge is ensuring that all students acquire the knowledge and skills necessary to graduate and become productive citizens. Each year schools and districts are kept publicly accountable through testing and other measures on how well they achieved that goal. Educators and administrators are concerned about the health, safety and social and emotional development of their students. However, their concern centers not around their responsibility to ensure better health outcomes 10 or 20 years down the road (public health's mandate), but rather how the health of the students may impact *their* bottom line – a student's ability to learn and achieve.

Health departments often have a laser-like focus on reducing obesity, teen pregnancy and the asthma burden among children and adolescents. Expecting schools to have a similar strength of focus is unrealistic given education's mandate and priorities. Also, it's important to remember that the expectations for results are very different. A health department may invest financial resources for years before seeing a significant change in any of the areas mentioned above. What they do not generally face, however, is a yearly public assessment of their success or failure at meeting their goals, with public repercussions of being a low-performing school or district, or not improving from one year to the next. In a world of "high stakes testing," this is a yearly reality, and one that greatly impacts how schools prioritize their policies, programs and resources.

2 Approaching an education partner with the wrong question: What do I *need* from schools rather than what can I *offer* schools.

RECOMMENDATION: Find out first what the education partner's goals are and how you can help them to achieve those goals. Schools often feel that they are treated as the "go-to" organization that can fix all that ails society. While the health and well-being of students is a concern, other issues such as attendance, academic achievement, dropouts, discipline and safety are on the forefront of their mind. Take the time to learn about their main concerns and goals, and consider how public health-related resources, programs or policies might help them reach those goals.

3 Approaching school staff, administrators and school boards with the mindset of working *in* schools rather than working *with* schools.

RECOMMENDATION: It's essential to approach any health-related work from the perspective of doing work *with* the education system rather than putting demands on a school, district or agency. Working *with* the education system requires building a relationship, learning about a school, district or state's priorities and concerns, and identifying opportunities where public health can be of assistance in ways that are of mutual benefit. In contrast, working *in* schools can be as simple as identifying a public health goal that needs to be addressed, selecting schools as one of the environments to address that goal, and approaching a school, district or state agency with a health-related program or proposed policy change. While the second approach might work in the short-run, the first is much more likely to lead to an open door, buy-in from the schools, a sustained partnership, and integration of health into the school's already existing infrastructure and processes.

4 Failing to do the background work around the "5 Ps" of an education partner – Priorities, Politics, Policies, Practices and Programs – before developing plans to work with them.

RECOMMENDATION: Find out as much as you can about the education system, be it school, district or state-level, before drafting a plan or writing school-related program objectives. Take the time to understand the governance structure in your state and district. Identify someone within the school, district or state agency to whom you can ask questions such as:

- What are their top priorities?
- What are some of the controversies they are currently dealing with?
- Who are the key players and what is their perspective on student health?
- What health-related policies are already in place at the state and local level, and how are the schools implementing them?
- Have they had past positive or negative experiences around school health-related issues, policies or programs?
- Do they have a tendency to use procedures rather than official policy as a mechanism of change?
- What health-related programs do they already have experience in, and what have been their past successes and failures?
- Are there policies, practices or programs in place that can be built upon, rather than starting from scratch?

Asking these types of questions will provide you with a much broader understanding of the education partner and the context they are working in, setting both you and them up for success.

5 Misinterpreting a school, district or education agency's "lack of interest in health concerns" as "lack of caring," versus the product of competing interests.

RECOMMENDATION: Always remember that teachers, school support staff, administrators and school board members care deeply about the well-being of their students. What they are held accountable for, however, is students' academic achievement, not their obesity rate or the percentage of students who have regular medical and dental care. For this reason, it is all the more important to connect any public health initiatives to the main priorities of the education system, not the reverse.

It is important to keep in mind the many concerns that teachers, school support staff, administrators and school boards have on a daily basis. The issues that are often front-and-center in their minds may be surprising to public health professionals. Some examples include staffing concerns, scheduling challenges, student transportation concerns, budget shortfalls, testing and accountability, internal politics, and implementation of new standards, new technology or a new reporting system.

Programs, Practices and Policies
What's the Difference?

PROGRAMS are activities that might happen only once, or only for a defined period of time. They are meant to raise awareness or enthusiasm, but ultimately will not result in long-term change in behavior. Examples of programs are a taste testing in the cafeteria, a 5-week after-school salsa dancing class and a "healthy school' video contest.

PRACTICES are actions that support changes and may be put in place on a regular basis. However, there is nothing in place to make these actions last if staff or funding changes. Examples of practices include adding healthy items to cafeteria meals based on taste test results or offering year-round after-school programs such as yoga, Pilates or Karate.

POLICIES are guidelines, established so that school programs and practices can continue despite changes to staff, funding, and administrative support. Examples include developing/adopting specific nutritional criteria that all foods sold in the cafeteria need to meet or requiring that at least one non-competitive, physical activity-based after-school program be offered throughout the year.

Action for Healthy Kids. (2009). *Students Taking Charge: Facilitator's Guide.* http://studentstakingcharge.org/index.php/group_leader_center/facilitators_pdf/

6 Underestimating the barriers in the education system to some public health initiatives.

RECOMMENDATION: It's not unusual for an education partner's initial response to a proposed public health initiative or policy to be "we can't do that." Keep in mind that their response might reflect some significant barriers that exist for schools, districts and state education agencies when it comes to things such as adopting and implementing new policies, surveying students, modifying curriculum or attending training. It's important to remember that some of these challenges are not specific to health, but issues that schools grapple with each time new programs, technology, standards or curriculum are proposed.

Examples of challenges include:

- Limited instructional time
- Curriculum requirements
- Liability concerns (i.e., shared use agreements, after school activities)
- Requirements to meet state and/or local standards and/or benchmarks
- Privacy concerns around student surveys and data collection
- Scheduling requirements
- Union rules that have a specific limit on the number of hours staff may work
- Contract limitations for teachers, support staff and administration
- Limited professional development days
- Budget pressures
- Costs of substitutes that may be associated with allowing staff to attend outside training
- Potential revenue loss (i.e., in limiting competitive foods, marketing or food-related fundraisers, or serving healthier school meals)

All of these concerns are not excuses, but often real hurdles to implementing a health-focused initiative or policy change in the school environment. Find out what the main barriers are, acknowledge them, and work together with the education partner to address or work around them. Consider ways the health department may be able to assist education partners, for example including substitute fees in a grant for health-related training or planning meeting.

7 Thinking that the availability of funds or a grant for a specific school health-focused program automatically means that the school or district will want it.

RECOMMENDATION: Keep in mind that while many schools and districts are strapped for funds, not every health-focused grant is a "golden opportunity." With all of the demands that the education system faces, there is a cost/benefit balance to every funding opportunity. If a grant or program is small and the outcome requirements high with a quick turnaround, it may not be in *their* best interest to apply or to partner. Consider carefully what the benefit is to the education partner, in education terms, and make sure that that is clearly articulated in any funding or partnership opportunity. Identify how the health-focused program relates to educational priorities such as local or state standards, school or district level improvement goals, or federal requirements (such as wellness policies). Make sure that any required timeframe and outcomes are feasible and work within the limitations of the school or district calendar and schedule. Ask yourself the question from the beginning – What is in it for them? – and clearly highlight the benefits.

8 Approaching schools or districts with public health plans or programs that were written without the education partner's input and without first gaining an understanding of their process and goals.

RECOMMENDATION: Public health does *public health* very well. We are trained to develop action plans and objectives based on a standard process of: assessment, prioritization, implementation and evaluation. Based on that process, we write process, impact and outcome objectives. We do a great job of planning for everything, including for other people and systems. While education uses some of the same terms – assessment and objectives, the meanings and process are very different. In education, assessment means both student assessment and the first step in a school improvement planning process. Following assessment, a school or district improvement process uses data to review performance, identify trends, prioritize concerns and identify root causes. The school or district then sets performance targets and identifies strategies and action steps. Benchmarks are used to evaluate the effectiveness of implementation of these strategies and actions.

The school improvement planning process is a core element of most schools and districts. When public

health departments try to partner with schools around health, but do so without considering and looking for opportunities within a school's own planning process, they miss an opportunity to incorporate health and wellness into one of the core functions of a school, and increase the likelihood that health will be treated as a non-essential piece. Similarly, when public health departments do an assessment and create objectives without input from the school or district, and then approach the education partner for buy-in, they lessen the chance that the proposed program or policy change will be appropriate for and accepted by the school or district and its leadership.

9 Having a singular-focus on and general overuse of the word "policy."

RECOMMENDATION: Remember that the word "policy" means different things to public health and education, and in general makes school districts and administrators run in the opposite direction, "sending us into a tailspin," as one education professional put it. In education, "policy" is most often associated with the words "unfunded mandate," which has a very negative connotation amongst education professionals. At the same time, the term "policy, systems and environmental change" has been a primary focus of public health work in recent years.

Before launching into a discussion about policy changes, step back and take the time to find out more about both the current health-related policies *and* procedures of the school or district. In some states, state-level policies play a critical role at the local level, while in others there is a high level of local autonomy. At the local level, some school boards have adopted volumes of policies, while others have a "skeleton" policy manual, with the remaining guidance found in procedures that local schools follow. Sometimes the easiest place to start to encourage changes can be in these procedures.

Talking about proposed policy changes is often not the best way to begin a conversation with anyone in the education sector. Back up and build a relationship first, thinking about what changes or outcomes are mutually beneficial. What are the stepping stones that might eventually lead to policy change? As one educator put it, "Public health professionals would get much further if they entered through the back door and got a complete lay of the land of the school, district or agency they are working with, and identified opportunities to move inches towards the goal, rather than marching in the front door holding a giant "P" (policy)."

10 Measuring the success of a school health policy or program only with health-related outcomes.

RECOMMENDATION: Don't just focus on health outcomes. Always consider whether there is a way to include educational measures when planning for evaluation of a school health initiative. Is there a potential benefit to a school or district in the areas they monitor? Is there research to support a link between the proposed school health program or policy with issues such as attendance, tardiness, dropout, connectedness and engagement, discipline and behavior and academic achievement? What kinds of data does the school or district already collect in these areas, and is there a way that the health department can tap into it? While health measures help a public health department to determine the impact on students or staff health and well-being, positive educational outcomes are what makes a health program relevant to schools and their leaders. Help to connect the dots from the beginning by ensuring that both health and education measures are represented.

11 Overwhelming education partners with large amounts of public health data and lingo.

RECOMMENDATION: Public health professionals love data, and excel at collecting it, analyzing it, and reporting out with lingo that is familiar – such as indicators, benchmarks, surveillance, correlation and health risk behaviors. While public health data is immensely useful, too much of it, presented without considering the audience and tailoring accordingly, can result in frustration on both sides. Education uses data in a different way from public health, with data collection focused on student information such as attendance, demographics, grades, schedules and assessments. Educators use data to drive decision-making, school improvement planning, curriculum planning, for student placement and special services, and to determine successful instructional strategies.

When communicating about health-related data to an education audience, stick to the "less is more" philosophy. Use common layman's terms, and focus on simple data that makes the connection with the priorities of the school, district or state. Focus on a few pieces of relevant data that can make a strong impact or connection, rather than a long list data points that are important to public health. Find ways you can connect the information with learning, academic achievement and/or attendance. Using relevant, concrete examples can be helpful, such as

"In a class of 25 elementary students, as many as X do not get at least 60 minutes of physical activity each day." Present it in formats that are familiar, visually appealing and easy to understand. Frame the messaging to emphasize the potential benefits and, if appropriate, consequences to the school, its students and/or staff.

12 Using the words "school health" or "coordinated school health," assuming that both sides have a common understanding of what they mean.

RECOMMENDATION: For many in education, the first words associated with "school health" continue to be school nurse and sex education. Similarly "coordinated school health" is a public health term, not one that teachers or administrators learn in teacher preparation programs or administrative training programs. Learn the education system's lingo around student health. Include other terms that encompass some of the aspects of coordinated school health, but may resonate more with educators. Some of these terms include:

- **School climate –** Encompasses physical and socio-emotional safety, relationships, teaching and learning and the physical environment.
- **Non-academic barriers to learning –** This is where educators often place health as a critical factor in the school environment. Barriers to learning include poor physical health (including lack of exercise and poor nutrition), substance use or abuse, and violence, victimization, harassment, or lack of safety at school.
- **Whole child approach –** An approach based on five tenets to ensure that each child is healthy, safe, engaged, supported and challenged.[1]
- **Social and emotional learning (SEL) –** The process of developing social and emotional competencies in children. Social and emotional skills are critical to be a good student, and many risky behaviors can be prevented or reduced when multi-year, integrated efforts develop students' SEL skills.[2]

13 Having a singular focus on obesity prevention.

RECOMMENDATION: Remember the audience and message accordingly. While obesity prevention is front-and-center in the minds of public health professionals right now, it is not a top educational priority. Educators are widely aware of, and concerned about, the growing problem of obesity in the country. Their concern however is not around obesity itself, but how it may impact student learning and staff well-being. Obesity prevention is a long-term effort, and in most cases, the outcomes are far beyond the timeframe of a teacher or school's work with individual students. Rather than getting stuck on the words "obesity prevention," talk about the public health strategies that can positively impact learning, discipline, attendance and staff well-being. Strategies around improving nutrition, increasing physical activity, health education, access to health services, and staff wellness, etc., all have tangible benefits both for a school, its students and staff, and for obesity prevention in the long-run. Messaging can make all the difference.

1 ASCD. The Whole Child. http://www.wholechildeducation.org. Accessed June 5, 2013.

2 Collaborative for Academic, Social and Emotional Learning. *What is SEL?* http://casel.org/why-it-matters/what-is-sel/. Accessed June 5, 2013.

SECTION 2

Recommendations for Communicating More Effectively with the Education Sector around School Health Issues

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Recommendations for Communicating More Effectively with the Education Sector Around School Health Issues

Park the public health speak at the door and become an "ambassador."

An ambassador is someone who represents his or her country while living in another. To be effective, an ambassador must be very knowledgeable both about the culture, language and policies of the country they represent, and the one they serve in. In a similar way, public health professionals looking to work with schools, districts, a local school board, state board of education or state education agencies need to act as an ambassador – learning the "host country" language and culture, while continuing to effectively represent their "country of origin." Remember to speak the language of your audience, and not your language of origin.

Public health professionals know a lot about public health issues and the terminology that accompanies it. Keep in mind that education professionals may be completely unfamiliar with the jargon that permeates our work, and by using public health terms, you may be unintentionally alienating your audience. Speak plainly, in the same way that you might describe your work to a friend who is unfamiliar with public health. Similarly, make a conscious effort to remove any public health jargon or acronyms when writing grants with schools or districts. Some of the most common public health lingo related to school health is provided below.

CDC

Chronic Disease Burden

Coordinated School Health

Behavioral Risk Factors

BRFSS

Built Environment

Evidence-Based Programs

Four Domains

HHS

Health Equity

Health Promotion

Health Risk Behaviors

Health Outcomes

Healthy People 2020

HIPAA

Indicators

Measurable Objectives

Medical Home

Policy, Systems and Environmental Change

Primary Prevention

Process, Impact and Outcome Evaluation

SHPPS

SHI

School Health Branch

Social Determinants of Health

Surveillance and Epidemiology

Systems of Care

Weighed Data

YRBSS

Become "bilingual" and learn education's language.

Make it your job to know common education terminology. Important education lingo that public health professionals should be familiar with includes:

Adequate Yearly Progress (AYP)

Attendance and Absenteeism

Average Daily Attendance (ADA)

Average Daily Resident Membership (ADMr)

Accountability

Achievement Gap

Assessment

Benchmarks

College and Career Readiness

Common Core State Standards

Communities of Practice

Course of Study

Curriculum vs. Standards

District Improvement Planning Process

FERPA

Graduation Rate

High-Stakes Testing

Learning Supports

NCLB Waivers

Non-Academic Barriers to Learning

Performance Indicators

Response to Intervention (RTI)

School Climate

School Connectedness

School Improvement Planning Process

School Turnaround

Standards

Unfunded Mandate

Whole Child Initiative

Definitions for many of these terms can be found in the Great School's Partnership's Glossary of Education Reform (www.edglossary.org).

Frame your approach and language around the school, district, board, or agency's top priorities.

A school's number one priority is educating students. Consequently, schools and their leaders are heavily focused on academic achievement, testing, attendance rates/absenteeism, dropout rates, behavior and discipline, and school safety. Ensuring healthy students is not their primary mission; ensuring that they have the skills they need to go onto the next grade, and eventually graduate, is. While most in the education field make the connection between healthy students and better learners, student health is still not the first thing most educators think of when trying to address some of the issues mentioned above. Addressing health-related barriers to learning is, however, one of the key factors that can help to "move the needle" in academic achievement.

Think beforehand about how any proposed public health program, grant or policy can positively impact a school, district or state's priorities and goals. Communicate your understanding of their priorities and how what you are proposing aligns with them.

Speak in health and learning language.

Even though health and wellness are often not perceived as a top priority of the education system, they do impact education's top priorities. It is well-documented that certain health problems pose powerful barriers to health and learning. A student's chance of success increases when they are healthy, which includes having a nutritious diet, being physically active, emotionally well, safe and secure, not plagued by chronic health conditions such as asthma, and have access to medical services. The absence (or in the case of chronic conditions, presence) of any of these conditions jeopardizes a student's ability to learn.

"Barriers to learning" is a familiar term in the education system, along with the learning supports that are needed to overcome those barriers. Barriers are both *environmental,* for example poverty, inadequate care at home, high mobility, violence, poor quality instruction, and *individual,* such as medical problems, lack of nutrition, behavioral issues, and mental health problems. Take the opportunity to talk about the link between health and learning, health as a barrier to learning, and how the school, district or state agency has included health into their system for promoting healthy development and preventing problems, and their systems for early intervention and care.

Keep it simple and don't get drowned in the data (or drown your education partner).

Make sure that that the language you use in all communication (oral, PowerPoint and written) is clear and concise and not weighed down with public health jargon or data. At the beginning stages of exploring a partnership with a school, district or state education agency, consider approaching it with a marketing perspective. Have a two minute "elevator speech" that lets your education audience know you are aware of their priorities (i.e., academic achievement, attendance), and are interested in exploring ways that the health department can be of assistance. Be ready with a brief explanatory piece that includes easy-to-understand examples, supported by relevant research or data. Present data in meaningful ways such as "Asthma is the number one cause of student absenteeism," rather than "9.5% of children have asthma."

Make a point to acknowledge your understanding that educators are under great pressure, and the goal of the health department is to "lighten their load," not add to their burden.

The education environment has changed significantly in the last two decades. Schools, teachers, administrators and local school boards are under tremendous pressure to produce results, as measured by "high-stakes testing," while at the same time their budgets have shrunk, producing widespread layoffs, reduced benefits, staffing cuts and lowered job security. Overall, schools have been pushed to do much more with much less. Other challenges include safety concerns that were unheard of thirty years ago, a steep learning curve with the newly adopted Common Core, controversies around teacher evaluations, and low morale (a recent national survey put teacher morale at a 20-year low[1]). This reality, combined with the common feeling among educators and administrators that schools get tapped for *everything,* makes it all the more important that any effort of the public health sector to partner with schools begins with the perspective "What can we do to help?" not "This is what we want you to do."

Communicate your understanding of the role that poor health status plays as an underlying cause of the achievement gap.

The education system spends a tremendous amount of time and resources trying to close the achievement gap – the disparity in academic performance between groups of students. Many factors are known to impact the achievement gap, including racial and economic

background, parents' education level, access to high-quality preschool instruction, and school funding, among others. What is often missed, however, is the role that certain health disparities play in the achievement gap of urban minority students. These include vision, asthma, teen pregnancy, aggression and violence, physical activity, lack of breakfast, inattention and hyperactivity.[2] In each of these cases, there is a well-documented impact on students' motivation and ability to learn, influencing academic indicators such as absenteeism, truancy, drop out, standardized test scores, discipline and school climate.

Public health departments often have valuable expertise around evidence-based programs and promising approaches designed to address some of these health concerns, and can provide support in data management and analysis that school personnel may lack. Focus on and communicate how the health department can provide technical assistance in these areas of student health that ultimately impact academic outcomes.

R-E-S-P-E-C-T. Communicate your respect for the education system and its contribution to public health.

It goes without saying that respect goes a long way towards relationship building. Educators do not always get the respect they deserve from parents, students and the community as a whole. Recent pressures and heightened expectations, with less resources to implement, have increased their own pressures, leading to a recent high of nearly 1/3 of teachers who say they are very or fairly likely to leave the profession.[1] Communicate your respect and appreciation for the important work of the school, administrator or school board, amidst a lot of pressure.

Also educate yourself on, and communicate the important ways that educational achievement positively impacts *public health's* priorities. For example, academic success is a strong predictor of overall health outcomes as an adult, proficient academic skills are associated with lower rates of risky behaviors and higher rates of healthy behaviors, and high school graduation leads to lower rates of health problems.[3] In fact, educational attainment is so crucial to improved health outcomes that the National Prevention Strategy includes a plan to strengthen educational outcomes as a way to reduce preventable illness and disease.[4] *Healthy People 2020* also includes objectives around increasing high school graduation rates and increasing the proportion of students whose reading skills are at or above the proficient achievement for their grade level. In the end, public health and education have mutually supportive goals — important common ground that is often overlooked.

SECTION 3

Recommendations for Working More Effectively with the Education Sector around School Health Issues

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Recommendations for Working More Effectively with the Education Sector around School Health Issues

Find out about the current issues facing the education system as a whole.

Knowing a little bit about what's going on in education's world can go a long way to building a stronger partnership, and help you better understand how the health issues you are interested in working on might fit in. What are the hot issues that schools are facing right now in your district or state? Read up on what's going on with education reform, Common Core, teacher evaluations and standardized testing, so you know about your education partner's context for work. Sign up for EdWeek and ASCD's SmartBrief – it will give you key snapshots of the important issues in education, and what might be at the forefront of your education partner's mind. If working at the local level, reach out to connect with educators working in different areas of the district. Conversations with a teacher, principal and/or school board member are one of the most valuable ways to learn about the challenges a school or district is facing, and the opportunities within those challenges.

Learn about the education governance and key players in your state, district and/or school.

Every education system, whether state-level or local, has a unique political reality. Knowing who the important education leaders are and understanding their role is key to building an effective partnership with the education sector around health. If working at the state level, find out whom the decision makers are when it comes to education policy in the state. The National Association of State Boards of Education (NASBE) has outlined the school governance model for every state (www.nasbe.org). Consider the roles and involvement in school health issues of the following: State Board of Education, State Education Commissioner, Governor, state legislators, and leaders of state membership associations of local school boards, superintendents, principals and teachers. The various state education associations not only provide guidance and support for local districts and their leadership, but often have strong relationships with districts and the state education agency.

If working at the local level, take the time to learn about the members of the local school board and superintendent, their priorities and any previous involvement in or work around health-related issues, both positive and negative. How strong is the concept of local control?[3] Are there any special interest groups that play a significant role? At both levels, find out if there are key education leaders who have demonstrated an interest in health, and any who have shown support for or opposition to health-related policies or programs in the past. Do any of them have personal interests such as running, biking, gardening or fitness that could help to open up communication about the importance of health in the school environment?

Knowing ahead of time where you might engage allies or encounter resistance can help guide education efforts around new school health policies or programs.

Educate yourself on the state and district-level school health policies, procedures and practices that are already in place.

Know the key rules and regulations that guide health policies in the school environment you are working in. At the state level, statutes, regulations and state board policies exist for a wide variety of topics, from health and physical education to recess, physical activity, nutrition and administration of medication in the school environment. The National Association of State Boards of Education's (NASBE) State School Health Policy Database provides detailed policy information for all of 50 states on a wide variety of topics (www.nasbe.org). Local school boards, while subject to the state- and federal-level policies, also adopt health-related policies and procedures for the district. This includes the local school wellness policy, a federal requirement for each local education agency that participates in the National School Lunch Program or other federal child nutrition program. In many cases, these and other health-related policies are available for viewing online.

3 Local control – When local districts, rather than the state, independently make decisions on policies regarding curriculum and its compliance to state standards, teacher requirements, evaluation processes, and other specifications. (Source: http://www.netc.org/digitalbridges/online/glossary/)

Remember that in education's world, public health is not the expert.

One of the unique things about working in and with schools is that everyone feels that they understand and can relate and "know how schools work" – because just about everyone has their own experience with school. It's important to remember that schools today are very different from 1980, or 1990, or even 2000. The demands are different, the issues are different, and the context is different. And each school, district and state is different, with unique challenges and strengths.

When it comes to working with and in schools, public health professionals often benefit from taking a step back and acknowledging that they need educators who know how to apply public health expertise in the unique context of a school, district or state. Resist making assumptions about how things work in the particular education setting and be willing to say what you don't know or understand.

Look for opportunities to incorporate health into an education system's priorities, processes, programs and practices that already are in place.

Public health approaches everything from a disease prevention perspective, however that is not what schools do or how the education system approaches their work. *Everything in public health is very subject orientated, but with education, the solutions are not necessarily by topic but by system.*

Familiarize yourself with the education partner's specific priorities (attendance, academic achievement and graduation, for example), and processes in place to work towards those priorities. The school improvement planning process is one of the primary mechanisms. Each year, the majority of districts and schools engage in a process of identifying areas in which the school or district fell short of required performance standards, set measurable goals, and outline a set of research-based practices designed to meet those goals. During this process, the school and district works with a school improvement planning team, formed of members from the school or district staff, parents, and/or community members.

School improvement plans (SIPs) are greatly valued by the education system. They drive what schools measure, implement and evaluate to make and demonstrate progress on identified weaknesses. For public health, SIPs provide key opportunities to infuse health into the improvement planning process, by addressing other factors that influence learning, such as health and school climate. These can include health-related strategies that specifically address relevant academic achievement problems, data collection, professional development, before and after school opportunities and school climate. SIPs can incorporate wellness priorities based on results from the School Health Index or other assessment tools. They can also include goals for fully implementing health education requirements or fitness assessments. The school improvement planning team can use data on health, nutrition and safety policies, school environment, work-site wellness, and attendance and discipline records to make decisions about school improvement and professional development needs.

Beyond the SIP, health can also be incorporated into the programs that schools already have in place. An example of a state health department that broadened its reach by partnering to build health into an existing program is highlighted below.

Florida Focuses on Health during Statewide Literacy Week

The Florida Department of Health partnered with the Department of Education and the Department Agriculture and Consumer Services to incorporate health into the annual statewide literacy week. The "Health Literacy in the Classroom" volunteer reading project took place during Florida's Celebrate Literacy Week. The Department of Health recruited staff and "Read for Health" volunteers around the state to visit K-2 classrooms to read *James Wakes up to School Breakfast*, a book produced by the Florida Department of Education. The joint effort resulted in students in over 1,000 classrooms learning about the benefit of eating breakfast and how the school can be a welcoming place to eat this important meal.

Make sure to connect and coordinate internally within the health department before reaching out to an education partner.

Schools have many people knocking on their door. Make an effort to minimize the number of requests that come from public health by connecting and coordinating beforehand with other programs in the health department that target children, adolescents

and the adults that work with them. This will not only help to minimize duplication and maximize program resources, but makes it easier for a school, district or state agency to partner. For guidance around coordination, see NACDD's resource *Shaking off the Silo: Moving toward Internal Coordination around School Health in the Health Department.*

Make their priorities *your* priorities.

How can you help your education partners achieve *their* goals? What are their top priorities and is there a way that addressing health issues could help to improve outcomes? Education-specific goals will include boosting attendance, increasing academic achievement, reducing the achievement gap and dropouts, improving discipline, safety and the school environment. What are the potential health-related barriers to achieving those goals that the health department could help to address? Identify opportunities to collaborate around any of the areas that can make a difference to the student achievement equation (i.e., nutrition, physical health, emotional health and safety) and communicate clearly to your education partner the potential benefits to their priorities. Ensure that what you bring to the table has added value for their students and/or staff, and helps to advance their goals without requiring a great deal of their time.

Find out about the areas of school health that your education partner is already working on and identify ways to support it.

Many schools, districts and state agencies have health-related programs, initiatives and/or advisory groups. Make a point to ask about what types of programs already exist, what priorities they are related to, and ways that public health can support that work? Is there a way that public health's expertise could be helpful to the programs already underway? Could the health department support the school, district or state agency by:

- Providing training or professional development for education staff on particular health-related topics.
- Analyzing relevant health data to identify gaps.
- Providing grant-writing expertise and/or connections to garner additional funding for the programs.
- Bringing health-related stakeholders together.
- Providing evaluation expertise.
- Identifying examples of model policies for different areas of school health.
- Helping to connect students to health services available through the health department or community.

When looking for student-related data, find out what already exists before proposing a new survey or needs assessment.

Don't reinvent the wheel, or ask schools to reinvent the wheel, if it's not necessary. State and local education health and education agencies specialize in collecting and analyzing data. Reach out to other programs in the health department to find out what type of data is available internally first, followed by the education agency. If neither produces the type of information you are looking for, ask the education partner about concerns and limitations around surveys and needs assessments.

Look through an educator's lens when it comes to policy change.

Policy, systems and environmental change is a concept that public health loves. Educators, on the other hand, are often suspect of top-down policy and systems changes that do not reflect their own experience and expertise. They can be fatigued by constant changes perceived as irrelevant to real change for students. For this reason, policy change can carry a strong negative connotation for many educators, raising the red flag for unfunded mandates and perpetual reform. Also, while public health often strives for specificity, the education system often feels more comfortable with more nimble, general policies, with procedures or guidelines filling in the details.

While policy change that leads to positive health outcomes may be the ultimate goal for public health, it is almost never the first step. Long before talking about policy change, consider what other work might need to be done to "smooth the path" to change. For example:

- What relationships need to be built?
- What education of stakeholders, partners or professional development needs to happen?
- Does a school health advisory committee or council need to be formed to guide the work?
- Could changes be made to school- or district-level procedures that meet a similar goal?
- Are there tools that could be used from education-focused organizations such as ASCD, National Education Association (NEA), National School Boards Association (NSBA), National Association of State Boards of Education (NASBE) or The School Superintendents Association that address policy change, but in a process and from an organization that resonates with educators?
- What are the best practices in the area of interest, and are there nearby schools or districts that have successfully adopted these practices?
- Might piloting evidence-based programs in a few

classrooms or single school provide strong examples to build on?
- Are there tools, model policies or support that could be provided through the state-level health and education association affiliates such as the state associations of public health, pediatricians, school boards, superintendents, principals or teachers?
- Carrot vs. the stick: Is there a way to incentivize change, rather than pushing for it?

If working at the school building or district level, make sure to ask about the school calendar and natural cycle of the year.

Certain times of year will be better than others for school-based or school-focused work around student or employee health. Testing, including end of grade accountability tests, mid-grade assessments, exam periods and end-of-term are frequently intense times for schools and their staff. Always be cognizant of this when launching into any partnership. Ask about the calendar, including when school begins and closes, fall break, spring break, holidays, board meetings, professional development days, testing, etc. Also, find out about the planning calendar for the school improvement plan. The school improvement planning process is both very time-consuming and time-sensitive. Once finalized, it is not open to small changes until the next round of planning.

Consider employee wellness as a possible entrée into a school or district.

In an era of tight budgets and high pressure to raise academic achievement, school health can get pushed to the margins. A school or district that is hesitant to work with a public health partner around student health may be more open to begin with an initiative around employee wellness. Why? Because employee wellness is one of the areas where there is evidence to support the reduction of sick leave and health care costs. Programs that focus on physical activity, nutrition and stress management have been shown to increase teacher morale, reduce absenteeism and attrition, and result in higher levels of general well-being and ability to handle job stress.[5] Tools and resources for improving school employee wellness are available from the Directors of Health Promotion and Education and the Alliance for a Healthier Generation.

Take the long-term view and celebrate small accomplishments along the way.

Advances in the world of school health are often measured in inches not feet. Change happens slowly, and while you may not initially get what you were aiming for, small changes can provide the momentum needed to move onto the next (bigger) thing.

In education culture, recognition goes a long way. This can be in the form of an award, banner, newspaper article, public recognition at a school board meeting or by the chamber of commerce, etc. Reward schools and their leaders that have made progress towards ensuring healthier students, staff or school environment. Recognize champions whose commitment, extra time and effort has helped to drive the positive changes.

If appropriate, provide assistance in writing a "success story." Teaching schools and districts how to market their success to gain support will add value to your collaboration. Often times, the positive effect of recognition are other schools and districts peering over the fence and saying "If they can do that, so can we."

Resource Directory

There are many resources for school health and this list is not intended to be comprehensive. The following national organizations have developed useful tools and resources to support school health.

Action for Healthy Kids
http://www.actionforhealthykids.org/

Alliance for a Healthier Generation
https://www.healthiergeneration.org/

American Academy of Pediatrics
http://www2.aap.org/sections/schoolhealth/

American Alliance for Health, Physical Education, Recreation and Dance
http://www.aapherd.org

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

Directors of Health Promotion and Physical Education
https://dhpe.site-ym.com/?page=Programs_SchoolHlth

Center for Disease Control and Prevention – School Health Branch
http://www.cdc.gov/healthyyouth/schoolhealth/

Food Allergy Research and Education
http://www.foodallergy.org/resources/schools

Let's Move!
http://www.letsmove.gov

National Association of Chronic Disease Directors
http://www.chronicdisease.org/?SchoolHealth

National Association of School Nurses
http://www.nasn.org/

National Association of State Boards of Education
http://www.nasbe.org/project/center-for-safe-and-healthy-schools/

National Education Association Health Information Network
http://www.neahin.org/

National School Boards Association
http://www.nsba.org/SchoolHealth

Pew Charitable Trust Kids Safe and Healthful Foods Project
http://www.healthyschoolfoodsnow.org/

School Based Health Alliance
http://www.sbh4all.org

The School Superintendents Association
http://www.aasa.org/ChildrensPrograms.aspx

Endnotes

1 MetLife. (2011). *MetLife Survey of the American Teacher: Teachers, Parents and the Economy.* Available at: https://www.metlife.com/assets/cao/foundation/MetLife-Teacher-Survey-2011.pdf. Accessed June 5, 2013.

2 Basch, Charles. (2010). *Healthier Students are Better Learners: A Missing Link in School Reforms to Close the Achievement Gap.* Campaign for Educational Equality, Research Review. No. 6. Available at: http://www.equitycampaign.org/i/a/document/12557_equitymattersvol6_web03082010.pdf. Accessed June 5, 2013.

3 U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. (2010). *Healthy People 2020.* Washington, DC. Available at: http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=2. Accessed June 5, 2013.

4 National Prevention Council. (2011). *National Prevention Strategy.* Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General. Available at: http://www.surgeongeneral.gov/initiatives/prevention/strategy/. Accessed June 5, 2013

5 Directors of Health Promotion and Education. *School Employee Wellness: A Guide for Protecting the Assets of our Nation's Schools.* Available at: http://www.healthyschoolsms.org/staff_health/documents/EntireGuide.pdf. Accessed June 5, 2013.

ABOUT NACDD

The National Association of Chronic Disease Directors (NACDD) is a non-profit Public Health organization committed to serve the chronic disease program directors of each state and U.S. jurisdiction. Founded in 1988, NACDD connects more than 3,000 chronic disease practitioners to advocate for preventive policies and programs, encourage knowledge sharing and develop partnerships for health promotion. Since its founding, NACDD has been a national leader in mobilizing efforts to reduce chronic diseases and their associated risk factors through state and community-based prevention strategies.

For more information, please visit the NACDD website http://www.chronicdisease.org/.

NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS
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