

HEALTH(Y) EDUCATION

Host Site: Juneau, Alaska

February 4, 2008

In 2008 the Health Caucus began an overview of health and social services issues covered by state government that is outside of the health department.

The first forum in 2009 investigated the Department of Education and Early Childhood Development. The presenters covered an outline of both a potential model to address youth health risks and what a couple of schools are incorporating for the benefit of their students.

Presenters:

Todd Brocious – Department of Education & Early Development, Division of Teaching & Learning

Patty Owen - Department of Health & Social, Health Education Liaison.

Darlene Triplett - Superintendent of Dillingham Schools and other community members

Linda Coate – Department of Education and Early Development, Child Nutrition Service Coordinator

Sharon Vaissiere - Director, Anchorage School District, Health & Physical Education

Sara Peebles – Health Educator, Sand Lake Elementary School, Anchorage

Russell Stevens – Department of Public Health. Physical Education

Diane Casto – Department of Health and Social Services, Division of Behavioral Health, Manager of Office of Prevention and Early Intervention



Department of Education and Early Development

Todd Brocious and Patty Owen presented an overview of a Center for Disease Control model, *Coordinated School Health*.

A Coordinated School Health Program (CSHP) model consists of eight interactive education parts. Schools by themselves cannot, the presenters explained cannot be expected to solve the nation's most serious health and social problems. Families, health care workers, the media, religious organizations, community organizations that serve youth need to be systematically involved and young people themselves. Schools have a facility in which all community stakeholders might work together to maintain the well-being of young people.

On Page Two is the list of issues in a hypothetical classroom. These and other negative health and wellness indicators on youth suicide, Fetal Alcohol Spectrum Disorders, domestic violence, and sexual assault are all reasons Department of Education and child and health advocates are advocating a model like the Coordinated School Health Model. Evidence-based approaches are needed to decrease risk behaviors and increase protective factors in the lives of Alaskan youth.

Some the benefits of the Coordinated School Health approach are increased student performance and test scores, decreased risky behaviors, reduced drop out rates, less absenteeism, less fighting and improved rates of physical activity, Commissioner Ledoux and his staff have drafted goals to integrate health and wellness within Alaska's learning environment.

The Department of Education administration is aiming to integrate into schools the characteristics of coordinated school health. A focus on the link between health and academics promises to build an environment that nurtures positive health behaviors.

State level staff requirements to implement the model are a minimum of two full-time staff at Department of Education and one full-time staff at Department of Health and Social Services and implementation funding, which are the current needs of the department in order to fully integrate CSHP into Alaskan schools.

The Challenges

Currently there is a mandate for a health coordinator in Alaska education statutes, but no funding to fill the position. While the department administration and staff expressed a need to implement the components of Coordinated School Health Model, they lack the staff capacity to achieve their goal.

At the policy level, high school health and physical education requirements are not consistent with the Coordinated School Health Model. A change in the requirements would need to be made in order to increase the importance of health and physical education. In 2008 only 19 percent of teachers in grades 6 – 12 reported having professional preparation in health education and physical education combined. Schools lack program resources and space. The mandates of *No Child Left Behind* has focused educators on core academics. The increased accountability and testing mandates of *No Child Left Behind* leaves administrative and teaching staff with little time to pursue incorporating health and wellness into the learning day.

The results of a Youth Risk Behavioral Survey can be understood more clearly when through a theoretical high school class of 30 students.

- ◆ 3 students attempted suicide in the past year
- ◆ 12 drank alcohol in the past month
- ◆ 9 were in a physical fight in the past year
- ◆ 13-14 have had sexual intercourse
- ◆ 7 smoked cigarettes in the past month
- ◆ 6 used marijuana in the past month
- ◆ 8 were either overweight or obese
- ◆ 7 rode with a driver who had been drinking in the past month

These statistics build the case for a school program like the Coordinated School Health Model.

Coordinate School Health Model Components





A Dillingham community project raised funding for bicycles for students to ride on community trails.

Superintendent Darlene Tripplett, Dillingham Schools And Community Members

Community Action for Community Health

The Dillingham community set a goal of adding a pedestrian trail to increase physical activity options for school children. A community coalition formed and successfully accomplished that goal plus creating a city park. Through a diabetes prevention grant children in Dillingham received 877 bicycles to use on the five mile bike trail.

Using the Center for Disease Control School Health Index, a planning guide, a wellness plan was developed focusing on prevention.¹ An eighth grade nutrition fact finding survey revealed that students favored fish for lunch. A coalition was formed consisting of the school cook, fishermen and the public radio station. The result of the coalition's effort was 8,000 pounds of freshly caught and processed salmon, donated and served for Friday lunches as part of the school lunch program. Increased access to fresh fruit and vegetables is a nutritional goal that is helping students and families in their wellness pursuit. The fresh fruit and vegetable program is being provided through a federal grant. Students in grades

K-12 receive fresh fruits and vegetables one day per week, supported through the school nutrition program.

Dillingham's Childhood Obesity Prevention Program is a collaborative effort of the school, city and tribal organization.

The project goals are:

- encourage active lifestyle,
- engineer the environment to support safe activity,
- educate on health,
- enforce pedestrian safety and to evaluate the outcomes.

Engineering the environment for safe activity is being done with the Department of Transportation working to rehabilitate city streets, and connect pedestrian paths and trails.

Linda Coate, Department of Education & Early Development Child Nutrition Service Coordinator

School Meals and Nutrition

The reality is that many students eat one or two meals a day at school. Good nutrition and physical activity improve academic success. Providing access to a variety of nutritious and appealing meals that meet health and nutrition needs of students is the goal of the National School Breakfast and Lunch Program.

Food and beverage standards for all foods served or sold in the school: low fat, low sugar, low fat milk, 100% juice limited portion sizes and plain water.

Linda Coate, said, "In an effort to combat obesity and help children learn better eating habits the federal Fresh Fruits and Vegetable Program provides all children in participating schools with a variety of free fresh fruits and vegetables throughout the school day."

Challenges

Research has shown that children who eat breakfast at school:

- Score better in standardized tests
- Have fewer health issues
- Behave better in class

The department would like to expand the school breakfast program, but lacks funding.



**Sharon Vaissiere - Director, Health & Physical Education,
Anchorage School District
Sara Peebles, Sand Lake Elementary School Health
Educator**

Health Education

Sharon Vaissiere, director of health and physical education explained how health education, a part of the Coordinated School Health Model has been fitted into the entire Anchorage elementary school system.

Sara Peebles is one of the new health educators in the 33 Anchorage elementary schools. She emphasized a crisis in the increased prevalence of obesity and diabetes among the children attending Anchorage schools is driving a health and wellness priority.

The parent of an obese child attending Sand Lake Elementary School shared, “I am glad you are teaching; our entire family is shifting how we eat.” Other benefits of the program reported are children teaching their parents not just about physical health, but social and emotional health too.

The curriculum being used, *Great Body Shop*, is a nationally recognized comprehensive health and substance abuse prevention program used by preschool, elementary and middle schools throughout the US.

Sharon Vaissier noted that the benefits of research-based curriculum are numerous. She pointed out “fidelity to the model”² is critical to successful outcomes. The curriculum is designed not only to increase knowledge but to change attitudes. “The enthusiasm and passion of our trained health educators is making it exciting for our kids,” she said.



**Russell Stevens – Department of Public Health
Physical Education**

Quality physical education promotes, through a variety of planned physical activities. Each student’s optimum physical, mental emotional and social development can be accomplished through activities and sports that all students enjoy and can pursue throughout their lives. The Center for Disease Control recommends one hour of physical activity each day

Russell Stevens observed, “Many children are less active these days and are camped out in front of computers, video games and television.” “Quality physical education teaches kids about moving and the joy of movement. Physical education is where you get taught how to move. It also shifts away from focusing on being good at sports and points kids toward activities they can do for the rest of their lives,” related Russell.

Challenges:

Requirements for high school graduation are health or Physical Education. This indicates a student could graduate without any physical education classes. Other states have legislative guidance on physical education and health requirements. Statewide there is a need for more qualified physical education teachers.

Diane Casto – DHSS, Division of Behavioral Health, Manager. Prevention and Early Intervention Services

Partners Promoting Healthy Communities

Diane Casto began her presentation by stating, “We want healthy children that grow up to be healthy adults, community members, and seniors. Every time a child is born we have a new opportunity to start again.”

She continued, “We need to look at health more holistically. The Department of Health and Social Services can’t do it alone, we need partners.” She described what many in the administration refer to as “silos,”³ we need to be broadening the conversation.” She concluded the partners needed at the table include: education, health care systems, public health, community agencies, business, faith-based organizations, parents, elders, community members and youth.

Noting that the Dillingham efforts were a good example of what can be done by broadening the conversation and drawing in partners, she spoke about an Elder in Tooksook Bay that was feeling overwhelmed by circumstances. He was convinced that it was too late to do anything. Young people encouraged him that it was not too late because more children needed help. The elder told her, “We need to have youth at the table with a voice,”

Connectedness supports both individual and community resiliency.⁴ People are healthier if they are connected to other, people and organizations.

(Footnotes)

¹ <https://apps.nccd.cdc.gov/shi/default.aspx>

² <http://californiahealthykids.org/c/@6Gcu9J5bpHcAs/Pages/fidelity.html>

³ <http://irp.wisc.edu/research/reorgsocpol/systemsintegration.htm>

⁴ <http://www.resiliencyinitiatives.ca/content/view/40/61/>