

Alaska School Health and Safety framework

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FOREWORD

One of the graduation outcomes identified in the Alaska Administrative Code (AAC 04.020) is for Alaska students to “Be Healthy”. In order to be healthy, students should be able to apply the knowledge and attitudes that promote physical and mental health; participate in responsible relationships; make informed and safe choices; and connect with family and cultural values.

As a result of the Alaska Education Plan, work on the Framework was initiated in 2009 with the help of a variety of stakeholders. This Alaska School Health and Safety Framework was produced to provide direction for the Department of Education & Early Development to build the capacity necessary to improve student health and safety. It was designed around the Coordinated School Health Program (CSHP) Model, a leading framework promoted and utilized by the U.S. Centers for Disease Control and Prevention.

Top priorities incorporated into this framework include implementing health and wellness programs that improve students’ sense of well-being and address substance abuse, suicide, sex education, bullying (including cyber-bullying), Internet safety, mental and physical health, and personal safety; implementing nutrition and physical education programs to ensure that students develop patterns of lifelong healthy behaviors; and ensuring that students, staff and community members are provided safe and secure schools.

The Alaska Department of Education & Early Development would like to thank the Alaska Department of Health and Social Services for assisting with the development of this framework. Thanks also to the Oregon Department of Human Services and Department of Education, the Colorado Department of Education and Department of Public Health and Environment, and the Rocky Mountain Center for Health Promotion and Health Education, for providing a foundation for the framework process.

The Alaska School Health and Safety Framework provides the Department of Education & Early Development and partners with a vision and the essential steps to build infrastructure for improving health and educational outcomes for students in Alaska.

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Guiding Principles



- The Department of Education & Early Development has a leadership role in providing direction and resources to improve the health and safety of students.
- The health and academic success of students are linked.
- School health and safety programs should be aimed at reducing health disparities and achievement gaps.
- Adequate resources have to be identified and available in order to build infrastructure and implement school health and safety programs.
- Health and education systems must work together to improve the health and educational outcomes for students.
- Schools alone are not responsible for solving health and social problems but solutions cannot be addressed without healthy schools.
- The process for improving school health and safety should support local decision making and ownership for school health and safety programs.



- A healthy school creates a culture that supports a healthy and safe school environment and provides healthy and positive role models.
- School health and safety programs and practices should be culturally competent and relevant.
- School health and safety programs should encourage family and community involvement and emphasize positive youth development.
- School health and safety programs should promote a holistic approach for the development of children who are healthy, safe, engaged, supported, and challenged.

Priority Elements

- State-level staff and coordination
- Model policy and guidance
- Professional development
- Qualified staff
- Best practices and resources
- Adequate funding
- Data and evaluation

INTRODUCTION

“Creating healthy, safe schools requires healthy families and communities. Children who have a strong connection to family values, customs and beliefs develop the confidence to reach for their dreams and the talent to achieve them. Schools must be proactive, focusing on the prevention of unsafe and unhealthy practices. Schools must take rigorous action to ensure that schools are free from violence, drugs, disruptive behavior and harassment. Students, parents, educators and community members must teach and model a consistent set of values.”

Alaska Education Plan, 2009



Why Schools?

While it is understood that schools alone cannot be expected to address many of Alaska’s serious health and social problems, schools are in a unique position to reach nearly all the young people and their families to improve the health and education of young people and to prepare them to be healthy and productive adults. Schools can provide a focal point in which families, community organizations, businesses, faith-based organizations, health care workers and youth themselves can focus on the well-being of young people.²

Many behaviors that are established during youth are associated with Alaska’s major causes of death from injuries and chronic disease (such as heart disease, cancer and diabetes). These behaviors include:

- Tobacco use
- Poor nutrition
- Not being physically active
- Using alcohol and other drugs
- Engaging in sexual behavior that can cause sexually transmitted diseases and teen pregnancy
- Engaging in behaviors that result in violence or unintentional injuries

“Schools have more influence on the lives of young people than any other social institution except the family and provide a setting in which friendship networks develop, socialization occurs, and norms that govern behavior are developed and reinforced.”

Healthy People 2010³

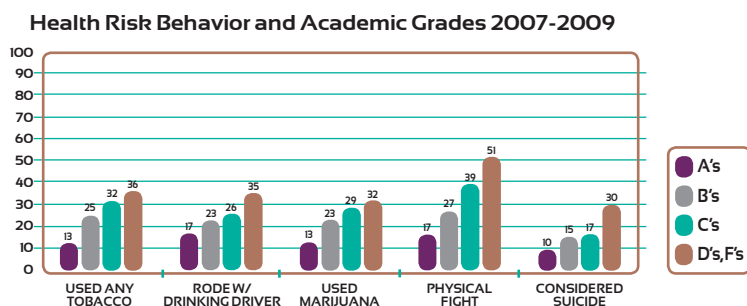
Health and Academics

Nearly a third of Alaska students will leave school without a diploma. In 2009, the graduation rate for Alaska high school students was 67.6% and lower for Alaska Native students (55.4%) and black students (60.2%) and students from low-income families (60.2%).⁴

There is a strong link between the academic success of youth and their health. Health-related factors such as hunger, physical and emotional abuse, and chronic illness can lead to poor school performance.⁵ Asthma alone is one of the leading causes of school absenteeism due to illness.⁶ Health-risk behaviors such as substance use, violence, and physical inactivity are consistently linked to academic failure and often affect students’ school attendance, grades, test scores, and ability to pay attention in class.⁷⁻¹³

In Alaska, students who report good grades (mainly A's) have fewer risk behaviors than students who receive poor grades (D's and F's). The percentage of students at risk increases as academic grades lower.¹⁴

Youth Risk Behavior Survey Results Alaska High School Students Grades 9–12



It is believed that the more health risk behaviors that students have, the less likely they will succeed in school or graduate on time. A recent study conducted in the state of Washington found that the more health risks students had, the more likely it was that they were also at academic risk. About half of students with six health risk factors, and two-thirds or more of students with at least nine health risk factors, were at academic risk.¹⁵



Healthier Students, Better Education, Better Health Status

Consistent with the national education goal to increase high school graduation rate to 90%, one of the national health goals is to increase high school completion to 90%.¹⁶

Some of the main health problems related to dropping out of high school include substance abuse, teen pregnancy, and psychological, emotional and behavioral problems.¹⁶ Dropping out of high school is associated with poverty, poor health and fewer employment opportunities; however, a good education is associated with good health. Not only does education lead to better employment and income, but also, the more education people have, the better health status they will enjoy, including living longer.^{16, 17}



Health Disparities and Achievement Gaps

Although schools cannot address everything that causes educationally relevant health disparities, students need to be motivated and able to learn. Many health related problems limit this ability. Recently seven educationally relevant health disparities have been identified as priorities among urban minority youth from low income families who are disproportionately affected. These include 1) vision, 2) asthma, 3) teen pregnancy, 4) aggression and violence 5) physical activity, 6) breakfast and 7) inattention and hyperactivity. Addressing these problems, as well as creating improved school climate and connectedness and helping students learn social and emotional skills, will

improve the health as well as the education of youth.¹⁸ Other subpopulations such as Alaska Native/American Indian and poor rural youth may share similar or special challenges which need to be addressed.

Risk and Protective Factors

Risk factors are characteristics or conditions that increase the likelihood that someone will engage in unhealthy behaviors such as substance abuse, violence, suicide or early sexual activity. The more risk factors present in a child's life, the greater the likelihood problems will develop later in adolescence. Examples of risk factors include death by suicide of a family member, family violence or child abuse, loss of cultural identity, availability of alcohol and other drugs, poverty and more.

Protective factors are characteristics or conditions that help someone cope with life's challenges. Protective factors promote healthy development, skills and connections, build resiliency and can guard against engaging in unhealthy behaviors. Examples of protective factors include connectedness to family and other caring adults, connectedness to school and a caring school climate, engagement in positive meaningful activities, cultural identity, social and emotional skills and more.

The more that protective factors are increased and risk factors are reduced, the more likely it is that unhealthy behavior and associated problems in youth can be prevented.

The term protective factor is sometimes used interchangeably with the terms resiliency, developmental assets, or positive youth development. Each of these terms refers to a strengths-based approach of working with youth or the community.¹⁹

School Climate and Connectedness

Results from the 2009 School Climate and Connectedness Survey conducted in Alaska (produced by the American Institutes for Research in conjunction with the Association of Alaska School Boards) showed that at the school level the higher the student ratings for school climate and connectedness, the greater the school-wide proficiency rates were for Alaska's Standards-Based Assessments (SBAs) across the three subject areas of reading, writing and mathematics.²¹

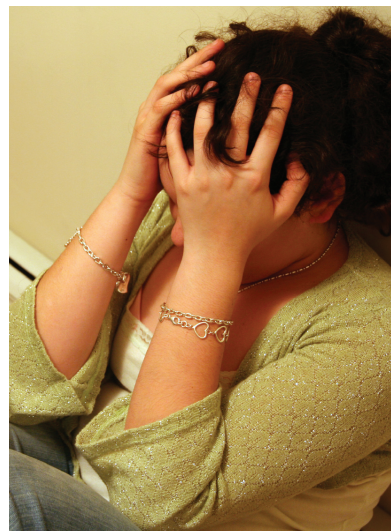
“Students who feel connected to school believe that adults and peers in the school care about their learning as well as about them as individuals. When students feel connected to school, they are less likely to engage in a variety of risk behaviors, including tobacco, alcohol and drug use, violence and gang involvement, and early sexual initiation. Connected students are also more likely to have higher grades and test scores, have better school attendance, and stay in school longer.”

Centers for Disease Control and Prevention ²⁰



CHALLENGES FACING ALASKA YOUTH

- 2,075 children (aged 1-18+) are in out-of-home care (placed in a relative's home, foster home or residential care for protection).²²
- 3,395 children were victims of one or more types of neglect, mental injury, physical abuse or sexual abuse in 2009.²³
- 900 Alaska youth are expected to start smoking each year.²⁴
- It is expected that 56,000 of kids alive today (under 18 years old) will become smokers and 18,000 of those will die from smoking.²⁴
- Approximately 1/3 of children live with single parents (however, in some cases there may be other adults in the home).⁴
- 15% of children are “food insecure,” meaning that at times members of the household were uncertain of having, or unable to acquire, enough food for all household members.²⁵
- Each day 3 babies are born to teen mothers (ages 15-19).²⁶
- 23% of mothers 18 and 19 years old and 26% of teen mothers 17 and younger report experiencing violence before, during and after their pregnancies.⁴
- There were 1,100 cases of chlamydia (a serious sexually transmitted disease) among 15-19 year-olds in 2009.²⁷
- An estimated 12,600 children (under 18 years old) have asthma.²⁸
- 41% of school-aged children are from low-income families (as measured by those who qualify for free or reduced priced school meals).⁴
- Suicide is the leading cause of death among teens (ages 15-19), accounting for 30% of the deaths, and motor vehicle crashes are the second leading cause of death, accounting for 25% of deaths.²⁹



YOUTH RISK BEHAVIORS IN ALASKA³⁰

On average, in an Alaska high school class of 30 students: *

- 2-3 attempted suicide in the past year
- 6-7 rode (in the past month) with a driver who had been drinking alcohol
- 5 smoked cigarettes and 4 used smokeless tobacco
- 10 drank alcohol within the past month
- 7 engaged in binge drinking (5 or more drinks in a row within a couple of hours on at least one day)
- 13 had ever had sexual intercourse
- 7 used marijuana in the past month
- 6 had ever used prescription drugs without a prescription
- 8 were either overweight or obese
- 17 were not physically active for a total of at least 60 minutes per day (on five or more days of the past seven days)
- 2-3 had carried a weapon to school
- 3 were in a physical fight on school property one or more times during the past year

Many high school students started engaging in risk behaviors before the age of 13:

- 13% smoked a whole cigarette
- 17% had their first drink of alcohol
- 10% had tried marijuana

¹ 2009 Alaska Youth Risk Behavior Survey (students grades 9-12 in traditional Alaska public high schools).

Results from the statewide Youth Risk Behavior Survey conducted in Alaska Alternative High Schools in 2009 show that for almost every measure alternative high school students were at higher risk than their peers at traditional schools. Alternative high school students were also more likely than traditional high school students to have engaged in risk-taking behavior before the age of 13.³¹



Alaska School Health and Safety framework



goal

Students will have access to safe schools, where they develop healthy and safe practices for life.

Each school day is an opportunity for Alaska's approximately 130,000 students, in approximately 500 public schools, to learn about and practice health and safety skills.

Coordinated School Health Program ³²

A coordinated school health program (CSHP) model consists of eight interactive components.



The Department of Education & Early Development, in collaboration with the Department of Health and Social Services and others, will promote a system of Coordinated School Health Programs at the state and local levels in order to improve the health, safety, education and well-being of all students and prepare them to be healthy adults.



Overall Benefits of Coordinated School Health Programs

Students:

- Improved student performance and test scores
- Decreased risky behaviors
- Reduced dropout rates
- Less absenteeism
- Less fighting
- Improved rates of physical activity

Schools:

- Save money
- Reduce duplication
- Reduce absenteeism
- Improve staff morale
- Support teacher teamwork



Essential Steps

- 1** Build state-level capacity for staff and resources to provide overall coordination of the eight components of the Coordinated School Health Program Model and provide resource development, training and consultation on Coordinated School Health Programs to school districts.
- 2** Establish state-level coordination, collaboration and partnerships to build support for and advance coordinated school health programs in Alaska school districts.
- 3** Provide leadership and guidance to districts on the development and implementation of school health advisory committees, policies and practices within the context of the Coordinated School Health Program Model.
- 4** Ensure effective data collection systems and use for school health and safety program planning, evaluation and monitoring.
- 5** Coordinate professional development opportunities for school staff on best practices related to health education, physical education and physical activity, nutrition services, health services, family and community involvement, mental health and counseling, healthy and safe school environments and health promotion for staff.

Indicators of Success/Measures

- Core capacity federal funding for a Coordinated School Health Program, including one full-time School Health Program Coordinator established in the Department of Education & Early Development and one full-time School Health Program Coordinator dedicated within the Department of Health and Social Services is in place in accordance with the Centers for Disease Control and Prevention (CDC) collaborative model.
- Interagency School Health Collaborative consisting of Department of Education & Early Development, Department of Health and Social Services, Department of Public Safety, Department of Transportation (Safe Routes to School) and others is established and meeting regularly.
- Increased number of district-level and school-level school health coordinators and district-level and school-level school health advisory committees.
- Statewide Coordinated School Health Partnership of stakeholders with organizational structure representative of the eight components of Coordinated School Health Programs is established (lead agency, steering committee and members).
- Core capacity for maintaining ongoing data systems such as the Centers for Disease Control and Prevention's Youth Risk Behavior Survey and the School Health Profiles and collecting other valid and reliable data is in place for use in planning and evaluating school health and safety programs.
- Increased number of schools trained and utilizing the Centers for Disease Control and Prevention's School Health Index.
- Increased number of professional development opportunities and increased number of staff trained on the Coordinated School Health Program Model.

Health Education

Health education is a planned, sequential K–12 curriculum that addresses the physical, mental, emotional and social dimensions of health. The curriculum is designed to motivate and assist students to maintain and improve their health, prevent disease, and reduce health-related risk behaviors. It allows students to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills, and practices. Qualified, trained teachers provide health education. The comprehensive health education curriculum includes a variety of topics such as personal health, family health, community health, consumer health, environmental health, sexuality education, mental and emotional health, injury prevention and safety, nutrition, prevention and control of disease, and substance use and abuse.³²



The Department of Education & Early Development will support quality school health education programs for all students that are taught by trained health teachers using culturally relevant and research-based approaches.

“Over ninety percent of Alaska adults support age appropriate education in school on nutrition, suicide, violence, sexually transmitted diseases, alcohol and substance abuse, and tobacco.”

2008 Alaska
Supplemental
Behavioral Risk
Factor Survey³⁸

Overall Benefits of Health Programs

- Students who participate in health education classes that use effective curricula increase their health knowledge and improve their health skills and behaviors.³³
- Students who participate in health education classes that use effective curricula decrease risky behaviors relative to the program.^{34,35}
- Reading and math scores of third-grade and fourth-grade students who received comprehensive



health education were significantly higher than those who did not receive comprehensive health education.³⁶

- Comprehensive health education and social skills programs for high-risk students will improve school and test performance, attendance and school connectedness. This success was still apparent six years later.³⁷

Essential Steps

- 1** Inventory school districts regarding health education requirements and programming.
- 2** Support a full-time Education Specialist within the Department of Education & Early Development for coordinating school health programs and providing technical support, professional development, resources and content standards for quality health education and personal safety education (in compliance with existing statute 14.30.360).
- 3** Revise health education standards (Skills for a Healthy Life) for Alaska that reflect comprehensive, research-based and culturally relevant practices.
- 4** Support the implementation of comprehensive health education (K-12) taught by trained teachers (such as domestic violence and sexual assault prevention, substance abuse prevention, suicide prevention and mental health, bullying and cyber-bullying prevention, personal/interpersonal safety including Internet safety, comprehensive sex education and other health topics) within the context of a Coordinated School Health Program Model in Alaska schools.
- 5** Provide professional development opportunities for Alaska educators teaching health in school.

Indicators of Success/Measures

- Information regarding health education requirements and programming collected from districts.
- Education Specialist position focused on coordinating school health programs and quality health education.
- Revised health education standards are developed for Alaska and approved by the State Board of Education & Early Development.
- Increased percentage of teachers that report receiving professional development on health education.
- Increased number of professional development opportunities on health education for school staff.

Physical Education

Physical education is a planned, sequential K-12 curriculum that provides cognitive content and learning experiences in a variety of activity areas such as basic movement skills; physical fitness; rhythms and dance; games; team, dual, and individual sports; tumbling and gymnastics; and aquatics. Quality physical education should promote, through a variety of planned physical activities, each student's optimum physical, mental, emotional, and social development, and should promote activities and sports that all students enjoy and can pursue throughout their lives. Qualified, trained teachers teach physical education/activity.³²



The Department of Education & Early Development will support quality physical education programs for all students that are taught by trained physical education teachers using culturally relevant and research-based approaches.

Overall Benefits of Physical Education



Students with poor nutrition and low levels of physical activity are more likely to be absent and tardy;

- Higher achievement was associated with higher levels of fitness among 5th-graders, 7th-graders and 9th-graders.³⁹

Schools that offer intensive physical activity programs see positive effects on academic achievement even when time for physical education is taken from the academic day, including:

- Increased concentration;
- Improved mathematics, reading and writing scores;
- Reduced disruptive behaviors.⁴⁰
- Physical activity among adolescents is consistently related to higher levels of



self-esteem and lower levels of anxiety and stress.⁴¹

- Physical activity is positively associated with academic performance.⁴²
- Students who participated in school physical education programs did not experience a harmful effect on their standardized test scores, though less time was available for other academic subjects.^{40,43,44}
- Increasing or maintaining time dedicated to physical education may help, and does not appear to adversely impact academic performance.⁴⁵

Essential Steps

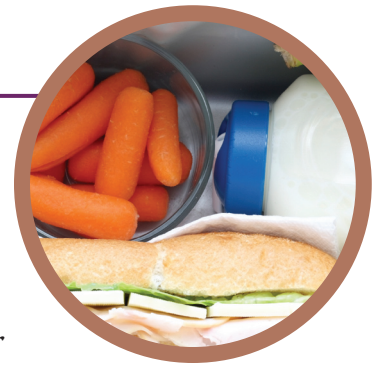
- 1 Inventory school districts regarding physical education requirements and programming.
- 2 Build state-level expertise in physical education that will provide technical assistance, resources and professional development to school districts in implementing Alaska physical education standards, quality physical education, and promoting physical activity in schools.
- 3 Encourage implementation of quality physical education (K-12) within the context of a Coordinated School Health Program Model that offers 150 minutes per week instruction for elementary students and 225 minutes per week for secondary school students that is separate from recess and other physical activity programs.
- 4 Improve the quality of physical education instruction by encouraging districts to hire physical education specialists when possible, and by facilitating professional development opportunities for both formally trained and untrained physical education instructors.
- 5 Encourage districts to provide schools with adequate yearly funding to support adequate indoor and outdoor facilities and equipment for physical education instruction (at least one indoor and one outdoor facility available for physical education instruction that allows at least 110 sq. ft per child, free of safety hazards, for children to move freely and safely).

Indicators of Success/Measures

- Information regarding health education requirements and programming collected from districts.
- Expertise is established to provide technical assistance on the implementation of Alaska physical education standards and quality physical education.
- Increased percentage of schools that have staff who teach physical education that hold a teaching certificate with an endorsement in physical education or who have completed state-level distance delivered or on-site training.
- Increased percentage of schools that have physical education teachers that have received professional development on physical education in the past two years.
- Increased number of physical education class minutes per week offered in elementary and secondary schools per grade.
- Increased number of professional development opportunities on physical education for school staff.
- Increased number of schools that have at least one indoor and one outdoor facility for use in physical education instruction.

Nutrition

*School nutrition services provide access to a variety of nutritious and appealing meals that accommodate the health and nutrition needs of all students. School nutrition programs reflect the US Dietary Guidelines for Americans and other criteria to achieve nutrition integrity. The school nutrition services offer students a learning laboratory for classroom nutrition and health education, and serve as a resource for linkages with nutrition-related community services. Qualified child nutrition professionals provide these services.*³²



The Department of Education & Early Development will assist school districts and other nutrition program sponsors to provide quality, nutritious, and appealing school meals and improve the school nutrition environment consistent with the Dietary Guidelines for Americans, and advance good nutrition for all students.

Overall Benefits of Nutrition

Currently, Alaska's National School Lunch Program enrollment includes 54 school districts accounting for 406 individual schools, with average daily meals feeding 51,386 children. Statewide, 41% of all Alaska children are eligible for free or reduced-price meals.

Linda Coate
Child Nutrition
Services Director



Poor nutrition decreases cognitive functioning and performance in the areas of language, concentration and attention.

- Students who eat breakfast perform better on standardized tests;
- Students who regularly attend school breakfast programs perform better, have fewer psychosocial symptoms, less hyperactivity and better daily attendance.^{39,46,47}

School breakfast programs also:

- Increase learning and academic achievement;
- Improve student attention to academic tasks;
- Reduce visits to the school nurse;
- Decrease behavioral problems.³⁹

School breakfast programs positively impact academic performance, absenteeism, and tardiness among low-income elementary school students.⁴⁶

Essential Steps

- 1** Align Alaska nutrition practices for the federally funded United States Department of Agriculture (USDA) Child Nutrition Programs to be consistent with the 2010 Dietary Guidelines for Americans and provide, along with partners, ongoing training and resources to assist food service staff in planning, promoting, preparing and offering healthier food choices.
- 2** Create and provide tools and training to assess and improve the learning environment for nutrition and the implementation and monitoring of school wellness (nutrition and physical activity) policies, including nutrition standards for all foods and beverages served and sold in school outside of the school meals program.
- 3** Encourage increased school and student participation in federally funded school meals programs, including expanded school lunch, school breakfast and after-school snack programs.
- 4** Develop marketing tools to elevate awareness among parents and all school staff on the value of federally funded school meals and other nutritious foods and their relation to the health of the students.
- 5** Implement strategies to address limited federal funding for school meals programs in Alaska.

Indicators of Success/Measures

- A guidance manual is developed, proposed and approved by a Team Nutrition Advisory Committee of stakeholders to implement alignment of Alaska school nutrition practices to the 2010 Dietary Guidelines for Americans.
- Increased number of training opportunities for school district food service staff and school cooks on menu planning and healthier food preparation based on Alaska school nutrition standards.
- Increased number of educational and promotional materials on healthy school meals and healthy food choices are developed and presented to parents, teachers, principals and other school staff.
- School district wellness policies are assessed, improved and implemented and made available to the public.
- Increased number of schools and students that participate in federally funded school lunch, school breakfast and after-school snack programs.
- Strategies are implemented to offset the limited federal funding for school meals programs in Alaska.

Health Services



Health services are services provided for students to appraise, protect, and promote health. These services are designed to ensure access or referral to primary health care services or both, foster appropriate use of primary health care services, prevent and control communicable disease and other health problems, provide emergency care for illness or injury, promote and provide optimum sanitary conditions for a safe school facility and school environment, and provide educational and counseling opportunities for promoting and maintaining individual, family, and community health. Qualified professionals such as physicians, nurses, dentists, health educators, and other allied health personnel provide these services.³²



The Department of Education & Early Development will support consistent and coordinated school health services for all students in conjunction with the Department of Health and Social Services.

Based on current information collected by the Department of Health and Social Services, only 16 out of 54 school districts in Alaska provide school nursing services and only 6 of those have more than one school nurse. There are 4 school-based health centers in Alaska.

Mary Bell
State School Health
Nurse Consultant

Overall Benefits of Health Services

Preventive health services provided through schools, coupled with health education and counseling that promote healthy lifestyles and self-sufficiency, can help contain health care costs.⁴⁸

There is a strong association between health services provided by school nurses (such as prevention, direct health services, screening and referrals) and academic achievement; specifically services such as:

- First aid and cardiopulmonary resuscitation (CPR);
- Administration of medication, immunizations;



- Identification and treatment of acute or chronic illnesses;
- Case management of asthma or diabetes, dental problems;
- Prenatal care and identification and treatment of sexually transmitted diseases (STD's).⁴⁹

Schools with school-based health centers report:

- Increased school attendance;
- Decreased drop-outs and suspensions;
- Higher graduation rates.^{50,51}

Essential Steps

- 1 Coordinate with the Department of Health and Social Service's State School Health Nurse Consultant and the statewide School Health and Nursing Services Advisory Group to promote development of evidence-based school health and nursing services standards and guidelines.
- 2 Advocate for all school districts to have access to quality school nursing services, whether on-site or in consultation with a regional or community professional school nurse.
- 3 Advocate for every student to have access to school-based or school-linked health services within the context of a Coordinated School Health Program Model to eliminate health disparities.
- 4 Support the Department of Health and Social Services in creating a comprehensive and ongoing data and evaluation system identifying gaps in school health and nursing services, and encourage school district participation.
- 5 Support professional development for school nurses and others providing health services and responding to medical needs in schools.

Indicators of Success/Measures

- Evidence-based school health and nursing services standards and guidelines for Alaska are developed and utilized.
- Increased number of school districts that provide school nursing services that meet nationally recommended ratios of nurses to students.*
- Increased number of school nurses that meet professional standards.
- Increased coordination between the departments of Education & Early Development and Health and Social Services, school nurses, and others providing school health services to provide staff training, improve use of individualized health plans for students with chronic health care needs, improve compliance with state regulations, and improve health services and referral systems.
- Increased number of formal agreements (such as memoranda of agreement) between school districts and state, local, or tribal health organizations to provide school health or nursing services.
- Increased number of school-based health centers.
- Statewide collection system for data in place and used for planning, implementing, and evaluating school health services and nursing programs.
- Increased number of professional development opportunities and continuing nursing education credits offered for school nurses and others providing health services.
- Increased number of school staff in each school trained in emergency response including first aid and cardiopulmonary resuscitation (CPR) as well as safe administration of medications.

* The National Association of School Nurses recommends a minimum ratio of nurses to students as 1:750 or less students per nurse depending on student populations with special needs.

Healthy and Safe School Environment

*A healthy and safe school environment includes both the physical and aesthetic surroundings and the psychosocial climate and culture of the school. Factors that influence the physical environment include the school building and the area surrounding it, any biological or chemical agents that are detrimental to health, and physical conditions such as temperature, noise, and lighting. The psychological environment includes the physical, emotional, and social conditions that affect the well-being of students and staff.*³²



The Department of Education & Early Development will assist school districts in providing a physically, emotionally and socially safe, healthy, and supportive school environment for all students.

Overall Benefits of a Healthy and Safe School Environment



In Alaska,

- *One in five high school students was bullied on school property.*
- *6% of high school students did not go to school because they felt they would be unsafe at school or on their way to or from school.*
- *59% of high school students felt that their teachers really cared about them and gave them a lot of encouragement.*

2009 Alaska Youth Risk Behavior Survey⁵⁴

The physical condition of a school is statistically related to student academic achievement.

- An improvement in the school's condition by one category, say from poor to fair, is associated with a 5.5 point improvement in average achievement scores.⁵²



Students who develop a positive affiliation or social bonding with school are:

- More likely to remain academically engaged;
- Less likely to be involved with misconduct at school.⁵³

Essential Steps

- 1 Identify a School Safety Coordinator within the Department of Education & Early Development to provide technical support, professional development, and resources to schools to improve school safety, school climate, and crisis response planning.
- 2 Develop and promote model policies for positive school climate and safe school environments (such as disciplinary, anti-bullying, and student conflict resolution policies).
- 3 Encourage districts and schools to adopt federal and state best practices and program models that improve the school environment (for example the Anchorage School District's social and emotional learning standards-based program, or nationally recognized programs like Second Step, Reconnecting Youth, Resolving Conflict Creatively).
- 4 Identify and promote model policies for a healthy and safe school physical environment (for example, policies on environmental hazards like chemicals in special classes, poor water and air quality, safe routes to school, emergency preparedness and response).
- 5 Provide professional development and professional development resources to districts and schools on how to implement policies and programs related to positive school climate, healthy and safe school environment, and safe facilities.

Indicators of Success/Measures

- School Safety Coordinator position is identified to provide support for school safety and crisis response planning.
- Increased number of districts that adopt social and emotional learning standards.
- Increased number of schools that have adopted best-practice program models that improve the school environment.
- Increased number of model policies or guidelines related to healthy and safe school environments are developed and provided to districts.
- Increased number of professional development opportunities and school staff trained on key healthy and safe school environment topics offered by state agencies or partners.
- Increased number of schools that have bullying prevention programs.

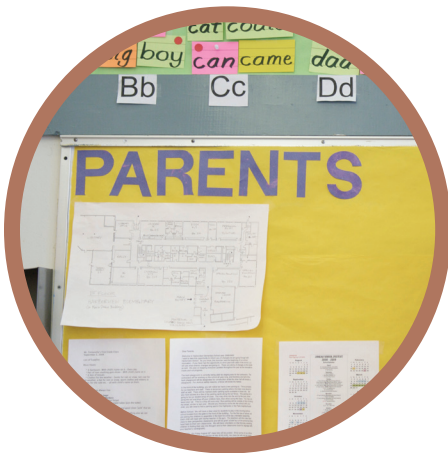
Family and Community Involvement

Family and community involvement entails an integrated school, parent, and community approach for enhancing the health and well-being of students. School health advisory councils, coalitions, and broadly based constituencies for school health can build support for school health program efforts. Schools actively solicit parent involvement and engage community resources and services to respond more effectively to the health-related needs of students.³²



The Department of Education & Early Development will work with family and community partners to advance the health, safety, education and positive youth development for all students.

Overall Benefits of Family and Community Involvement



Schools that collaborate with students' families, local businesses, community organizations, and health services see:

- Improved classroom behavior;
- Increased PTA membership;
- Improved family functioning.⁵⁵

Students whose parents are involved in their education show:

- Significantly greater achievement gains in reading and math than students with uninvolved parents;
- Better attendance;



- More consistently completed homework.^{56, 57}
- Lower risk behaviors.⁵⁸

Community activities that link to the classroom:

- Positively impact academic achievement;
- Reduce school suspension rates;
- Improve school-related behaviors.^{59, 60}

Essential Steps

- 1 Develop partnerships, increase communications, encourage parent, family and community involvement in schools, and to encourage the identification of district-level school health advisory committees.
- 2 Develop and share resources for mutual communications between schools, parents, families and communities.
- 3 Encourage a welcoming school environment for parents, families and the community through culturally appropriate local practices and policies.
- 4 Promote student engagement on health, safety and wellness issues in the school and community.
- 5 Encourage families and communities to partner with the Department of Transportation's Alaska Safe Routes to School Program to establish safe routes to school for walking and biking to school.

Indicators of Success/Measures

- Increased partnership to promote parent, family and community involvement in schools.
- Increased number of districts that have an identified School Community/Partner Liaison with increased school-parent/family/community partnerships that target student success.
- A web site within the Department of Education & Early Development that connects parents and families to community resources to improve student success is developed and utilized.
- Increased parent/family/community member engagement in partnerships that target student success.
- Increased parent, family and community member connectedness to schools.
- Increased youth engagement policies and practices and increased youth leadership opportunities.
- Increased student engagement on health, safety and wellness issues in the school and community.
- Increased number of schools that have safe-routes to schools programs.

Health Promotion for Staff

Health promotion for staff provides opportunities for school staff to improve their health status through activities such as health assessments, health education and health-related fitness activities. These opportunities encourage school staff to pursue a healthy lifestyle that contributes to their improved health status, improved morale, and a greater personal commitment to the school's overall coordinated health program. This personal commitment often transfers into greater commitment to the health of students and creates positive role modeling. Health promotion activities have improved productivity, decreased absenteeism, and reduced health insurance costs.³²



The Department of Education & Early Development will advocate for all school employees to work in an environment that enhances morale, encourages healthy lifestyles, prevents injury, reduces chronic disease, and fosters exceptional role modeling.



Overall Benefits of Health Promotion for Staff

Teachers who participated in a health promotion program focusing on exercise, stress management, and nutrition reported:

- Increased participation in exercise and lower weight;
- Better ability to handle job stress;
- A higher level of general well-being.⁶¹

Students benefit from having healthy teachers because:

- Teachers are more energetic;
- Teachers are absent less often;
- The school climate is more optimistic.⁶²

A healthy staff does a better job of teaching and creates a better working and learning environment:

- Health promotion for staff influences productivity and absenteeism, and might even reduce health insurance



costs (based on findings from other worksite initiatives);

- health promotion for staff also influences morale and a greater personal commitment to the school's coordinated health program, which is transferred into student enthusiasm.⁶³

School worksite programs have brought about changes in employee health including helping faculty and staff stop smoking, adopt healthful eating behaviors, increase physical activity and better manage emotional stress.⁶⁴

Essential Steps

- 1 Coordinate with the Department of Health and Social Services' Take Heart Alaska's Worksite Wellness Initiative and Worksite Wellness Coordinator as a resource for information and training.
- 2 Encourage identification of a school employee health promotion coordinator in each school district to disseminate health and wellness information and provide links to community resources utilizing conventional and innovative methods of health promotion activities by faculty and staff.
- 3 Promote health screening and health education for school staff and employee assistance programs to provide counseling services for staff.
- 4 Educate school district leadership and policy makers on the value of employee wellness programs, and encourage incentives to adopt and implement evidenced-based school employee wellness initiatives.
- 5 Encourage districts to create environments that support employee wellness through availability of healthy food, encouragement for physical activity and offering other enjoyable health promotion activities.

Indicators of Success/Measures

- Increased number of school districts that have an identified health promotion coordinator.
- Increased number of school districts that offer a comprehensive employee health promotion program to their employees.
- Increased number of employees who participate in employer-sponsored health promotion activities.
- Increased proportion of school settings that offer employer-sponsored physical activity and fitness programs or link to classes and/or counseling to improve overall health outcomes.
- Increased number of training opportunities for school staff on developing school employee wellness programs.

Counseling and Mental Health

Counseling and psychological services are services provided to improve students' mental, emotional, and social health. These services include individual and group assessments, interventions, and referrals. Organizational assessment and consultation skills of counselors and psychologists contribute not only to the health of students but also to the health of the school environment. Professionals such as certified school counselors, psychologists, and social workers provide these services.³²



The Department of Education & Early Development will encourage a comprehensive and integrated system of school-based or school-linked mental health services, based on best practices, that supports the social, emotional health and academic success for all students.

Overall Benefits of Counseling and Mental Health



One in four high school students reported being depressed, that is felt sad or hopeless almost every day for two or more weeks in a row so that they stopped doing some usual activities during the past year.

14% of high school students seriously considered attempting suicide in the past year.

2009
Alaska Youth
Risk Behavior
Survey⁵³

Most school administrators, school board members, teachers, parents and students realize that for students to benefit from their school, society must address social, emotional, and physical health problems and other major barriers to learning.⁶⁵

School-based mental health services, with the involvement and support of families and educators, improve educational outcomes by addressing behavioral and emotional issues and other barriers to learning:

- Youth receiving mental health services have experienced decreases

in course failures, absences, and disciplinary referrals, and improved grade point averages;

- Children who participated in a social service intervention aimed at promoting student success by improving parent-child and parent-teacher communication resulted in improved academic performance.⁶⁶

Essential Steps

- 1** Identify a State School Counseling/Mental Health Specialist within the Department of Education & Early Development to assess mental health needs, gather and disseminate information to school districts, and facilitate and monitor professional development.
- 2** Encourage districts to hire qualified staff when possible that meet the nationally recommended staff to student ratios for school-based mental health and counseling professionals.*
- 3** Provide public education to increase awareness, knowledge and understanding about mental health in order to increase support for and the use of comprehensive mental health and prevention programs and services for school-aged youth and their families.
- 4** Encourage the use of best practices early identification and regular mental health screening and referral systems.
- 5** Support professional development for school staff, focusing on awareness, prevention, recognition and response to student risk issues as well as building protective factors that promote resiliency

Indicators of Success/Measures

- State-level School Counseling position is re-established and funded to provide expertise on the mental health needs of students.
- Increased number of public education campaigns and educational opportunities on mental health and wellness.
- Increased support for and utilization of school-based or school-linked mental health services.
- Increased percentage of schools utilizing early identification, screening and referral programs, services and protocols.
- Increased number of schools with qualified school mental health counselors and school social workers (increased from baseline) that meet nationally recommended ratios.
- Increased number of professional development opportunities on suicide prevention and other mental health issues for school staff.
- Increased number of schools with youth development programs.

* The School Social Work Association of America recommends that the ratio of Master of Social Work (MSW) level school social workers to students be 1:400. The American School Counselor Association recommends a ratio of (guidance) counselors to students to be 1:250.



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