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This event was made possible through collaboration and support from:



EXECUTIVE SUMMARY

Fifty-seven invited representatives from the Department of Health and Social Services, Department of Education & Early Development, and a variety of non-governmental health organizations, school district representatives and other potential community partners met in Anchorage on December 4th to discuss the need for and benefits of adopting a Coordinated School Health (CSH) model in Alaska. Objectives for the day included:



- Form and maintain a partnership in support of school health programs
- Set the stage for participation in a strategic planning process in the future
- Develop a brand/identity
- Identify 1-3 priorities for this year for building infrastructure for school health for this year.

The group was tasked to identify tangible steps to move forward with developing this model throughout the state and to explore barriers and solutions to improve CSH within each of the eight components of the model presented.

All Alaska Pediatric Partnership Mary Grisco, Executive Director, and the State of Alaska's Chief Medical Officer Dr. Jay Butler gave opening remarks. Patricia Owen, Department of Health and Social Services presented an overview of the Centers for Disease Control and Prevention's (CDC) Coordinated School Health Programs model. Terri Campbell, Todd Brocious and Linda Coate from Department of Education & Early Development presented data on the health problems affecting youth and oriented participants to their department's current staffing, priorities and limitations.

Participants explored how to build support and infrastructure for coordinated school health programs at state and district levels. Making the case for connecting health and wellness to student success, financial savings and consistent messaging throughout our systems will require significant public education and social marketing efforts to increase awareness on the importance of coordinated school health programs. School-day structure, unfunded mandates and other demands on the school system limit the school's ability to address the school health environment and student health and wellness needs. Adequate funding for nutritious school meals as well as funding to maintain or improve other programs is an ongoing challenge. The lack of teacher training in health and physical education and lack of professional development is another problem. Potential resources exist through community partnerships, the use of technology, sharing of promising practices, and other statewide prevention efforts that share similar interests (such as obesity and chronic disease prevention, tobacco prevention, suicide prevention and others). However, without coordinated school health champions at the state and local levels, schools and community

resources will likely struggle to maintain momentum and maximize opportunities to shift from healthy school communities being exception rather than the norm.

Alaska's Youth Risk Behavior Survey (YRBS) provides the state with important data on the health problems facing youth today. Passive parental consent (instead of active parental consent as currently required by Alaska law) for the Youth Behavior Risk Survey would strengthen the state's ability to identify and address needs at a community and state level.

Participants divided into small group discussions around the eight components of the coordinated school health model to identify barriers/solutions within each component and make recommendations on the most important steps to be taken within the next year. Groups also identified who else should be involved in this effort.

Overarching themes surfaced as groups reported out. The day ended with a large group discussion of next steps for maintaining a partnership and individual commitments.

On the day of the meeting, Governor Palin held a press conference announcing her new health plan and the website "Live Well Alaska". This may afford the opportunity to bring increased awareness to the need for coordinated school health. Eighteen people indicated interest in staying involved with the Coordinated School Health effort, and five want to be on a list serve to stay informed. The timing seems right for a statewide champion(s) to work with the state education and health systems, service providers and community organizations to promote coordinated school health in Alaska.

This event was made possible through collaboration between the Alaska Department of Health and Social Services, Department of Education & Early Development, and the All Alaska Pediatric Partnership, with support from Alaska Action for Healthy Kids, Steps to a Healthier SE Alaska, Southeast Alaska Regional Health Consortium and the American Diabetes Association.

COORDINATED SCHOOL HEALTH MODEL

Schools by themselves cannot, and should not be expected to address the nation's most serious health and social problems. However they do provide a critical facility in which many agencies might work together with the school to maintain the well being of young people.

According to the Centers for Disease Control and Prevention (CDC), a coordinated school health program (CSHP) brings together school administrators, teachers, other staff, students, families and community members to assess health needs, set priorities, and plan, implement and evaluate school health program activities. A coordinated school program model consists of a systematic planning process to address eight interactive components. CDC has developed science-based guidelines, strategies, tools and other resources at <http://www.cdc.gov/HealthyYouth>.



Coordinated School Health Model (CDC)

OVERARCHING THEMES

Several themes emerged throughout the large group and small group discussions.

Social marketing of the need for and importance of school health and wellness, to include coordinated school health programs and data-driven planning would be the most significant step in moving this model forward. Governor Palin's recent announcement of the website "Live Well Alaska" which will include suggestions in health-related areas such as diet, exercise and tobacco cessation, could be one of many strategies to consider in a statewide communication plan. A slogan for coordinated school health in Alaska (i.e. healthy students learn better) could generate interest and momentum statewide. The proposed slogan most popular during the meeting was *Schools & Health: Hand in Hand* using a Native inspired design of two hands.

The Coordinated School Health model makes sense. The eight components are inter-related and cannot succeed alone. Nutrition, mental health and the school environment impact students' ability to focus on learning. The physical and mental health of staff impacts the school's physical and social environment. A case can be made for each of the components, as well as the integration of all eight.

A funded, full time, statewide champion and coordinator is needed who knows the key players in education, health and social services as well as other partners. A full-time position could coordinate with partners and keep communication flowing.

Coordinated communication and resource information sharing reduces the frequency of re-inventing the wheel. Resources and examples of promising practices exist. A coordinated communication plan could share information statewide, with local school districts throughout Alaska and with other states. Existing websites and newsletters could expand to include more information and promising practices.

Health and wellness should be the norm, not the exception. This cultural shift will ripple into the health of the community, creating better learning environments and increasing student success. The public needs to be able to connect the benefits of coordinated school health to student success as well as recognize the long-term savings for schools, providers and the state, which will be realized by a coordinated school health model. An important aspect of making health and wellness a norm at the personal, organizational and community

levels is eliminating the stigma often associated with the less “glamorous” aspects of health such as mental health, substance abuse and healthy relationships.

School communities should have local champions who incorporate wellness information and activities into daily routines, staff development and school/community relationships.

Evidence-based planning tools are available. Multiple tools are currently available to identify needs and show cost benefits to implementing a coordinated school health model to legislators, school boards, communities, students and potential funders.

The Youth Risk Behavior Survey is a valuable tool, but would significantly increase in value if the survey implementation changed from active parental consent to passive parental consent. The data collected is useful for planning, seeking funding and informing the public. A communication strategy may help develop understanding of the importance of gathering this information.

Another existing source of data includes the School Climate and Connectedness Survey (SCCS). (Social Emotional/Employability Skills (SEL), energy use, student travel data, and energy audits.)

BUILD UPON EXISTING RESOURCES

Although Alaska has not implement the coordinated school health model at this time, the state and communities have individuals and programs that engage in activities relating to one or more of the components.

- Map existing resources and needs at a community level.
- Develop a resource that would identify which providers take Medicaid (mental health, dental, pediatric)
- Coordinate with other state plans and partnerships (diabetes prevention, obesity prevention, tobacco prevention and others such as the Take Heart Coalition)
- Partner with potential partners such as the agriculture department and producers
- Link to state, school district, nutrition and other websites
- Technology and eLearning are useful tools in sharing information and training and may be expanded upon

Assure adequate and stable funding for meals – reauthorization or state and federal funding for nutrition programs should include geographic-related considerations such as shipping costs for food.

Review or develop training, content standards and curriculum for health education and physical education and activity that can be shared via distance learning. Share promising practices and examples of success from large and small entities.

NEXT STEPS AND COMMITMENTS MADE

The need for a statewide partnership and a champion continues to be a focus. However there are steps that can be taken while building the case for a fully funded statewide champion to work with the Department of Education & Early Development and the Department of Health and Social Services.

Several possibilities of where a statewide champion would best fit were considered, including the Department of Education & Early Development, Alaska, Alaska Action for Healthy Kids, the Association of Alaska School Boards, NEA-Alaska's affiliated Trust, and the All Alaska Pediatric Partnership. The new School Nurse Consultant position (soon to be recruited) within the Division of Public Health was also suggested. The All Alaska Pediatric Partnership (Mary Grisco) agreed to convene the next discussion.

Individuals identified steps they will take to help move this effort forward:

- Patricia Owen (Division of Public Health) will create and distribute an email list and begin working on a marketing package that explains coordinated school health and potential slogans.
- Diane Casto (Division of Behavioral Health) will update Commissioner Hogan and offer this group's interest in getting on board with the Governor's recent announcement. She will ask for approval to talk with the liaison for DHSS.
- Grace Brooks (SEARHC) offered limited grant funding to help with short-term tasks.
- Russ Stevens (Division of Public Health) will contribute information to the Live Well Alaska website
- Terri Campbell, Todd Brocious and Linda Coate (Department of Education & Early Development) will watch for opportunities to link/bridge this effort with the results of the recently held statewide Education Summit and development of a State Plan for Education. Which will also include a health and safety component.
- Mary Grisco will convene the next discussion with representatives from each of the eight components. (Individuals are identified within the component summary section of this report.)

The question was raised on whether to suggest that districts and school communities identify one or two components of the coordinated school health model they are ready to strengthen or if the focus should be on implementing all eight components simultaneously to benefit from the integration of all aspects of health. The question deserves further discussion in future meetings.

CSH slogans for Alaska were proposed and will continue to be discussed in future meetings.



Mary Grisco, Executive Director
All Alaska Pediatric Partnership



Linda Coate, Todd Brocious, Terri Campbell
Department of Education & Early Development

COORDINATED SCHOOL HEALTH COMPONENTS

PROPOSED RECOMMENDATIONS FOR EACH COMPONENT

Participants divided into designated small group discussion that best fit their background and assured balanced representation in each of the eight topics. The tables below reflect the small group discussions as well as commitments made within each component by the end of the day. These commitments are repeated in the section of the report identifying next steps. The proposed recommendations reflect small group discussion. There was not enough time to build consensus within the small groups or large group. *Recommendations of priority actions for the coming year are identified.

Health Promotion for Staff Component Recommendations

- *Have every school establish a health/wellness committee including PTA, parents, and community members.
- Get an administrator to be the champion. Incorporate activities into all staff meetings.
- Listen to children
- Think of wellness as the norm rather than the exception by identifying ways to incorporate employee wellness into the existing environment.
- Establish Wellness coordinator and committees
- Conduct health risk appraisals of staff including requiring at times of high stress and then at strategic timing
- Extend outreach to unions or incentivize approaches

BARRIERS

- Time – not allowable/feasible breaks during the day
- Interest/motivation of staff or administrator
- Expertise
- Different unions and plans across the districts and state

SOLUTIONS

- Make it important, attainable, fun, measurable
- Creative scheduling
- Establish wellness coordinators
- Standardize insurance

WHO ELSE SHOULD BE INVOLVED

- Employee Unions
- Health care providers

NEXT STEP

- Teri Buckmeier will represent this component at future meetings.

Health Education Recommendations

- Gain state support for ‘evidence-based’ curriculum.
- Work for passive parental consent for student surveys.
- Offer distance-learning modules for improving staff development for health education.
- Use all opportunities to make YRBS data public (Superintendents, principals, parents, etc) including publications and newsletters (electronic)
- Provide criteria for “promising programming” options on website
- Get on the agenda for administrator meetings to promote Coordinated School Health
- Focus efforts on adaptations of evidence-based for Alaska Native population (tool to assess curriculum)

BARRIERS

- YRBS – active consent
- Lack of support for health education by the state
- No required curriculum for comprehensive health education – health is not currently integrated
- Lack of trained staff
- Vocal minority opposing health ed
- Not culturally appropriate
- Geography – statewide training is expensive and hard to accomplish
- District schedules for statewide training
- NCLB requirements/changing focus of education
- Perception that health education = sex education
- People like one-time events, but they aren’t effective

SOLUTIONS

- Work for legislation (coalition)
- Work with groups to coordinate all separate prevention plans, diabetes prevention etc)
- Have one point person
- Social marketing
- State demanding it
- State Board of Education policy mandate evidence-based curriculum
- Full-time staff at EED for health ed (state-funded)
- Elearning/distance learning
- Tie training to CEU’s
- Partnering/converging resources
- Rebranding health education or social marketing with students
- Innovative health education – repackaging, not “no”

WHO ELSE SHOULD BE INVOLVED

- Alaska Public Health Association
- Family practice doctors
- Industry
- Alaska School Nurses Association
- AFN/Tribal Health
- Members of groups with state plans (tobacco, suicide, obesity, diabetes, asthma, domestic violence)
- Health Insurance Companies (Premera/Blue Cross)

NEXT STEP

- Lori Grassgreen will represent this component in future meetings.

Sharon Vaissiere addressing Health Education group



Health Services Component Recommendations

- Establish a coordinated communication system involving state and district level representatives
- A school health council including DHSS & EED that coordinate into one position to answer questions regarding what schools must do and establish a better communication system.
- Each school has a school health coordinator
- Develop a coordination and communication structure in a system that works statewide with support in a district level.
- Establish a communication network
- Need a statewide coordinator to meet with districts (quarterly ideal if there is funding)
- Follow through with the new state school nurse consultant to fruition to be posted in December
- Education

BARRIERS

- Lack of communication on outbreaks of communicable diseases
- Confidentiality to provide better health services (i.e. medications)
- Coordination
- Financial issues
- Oral health access
- No Child Left Behind focus on academics

SOLUTIONS

- Coordinated effort to reach everyone – a process from local public health, school districts and local providers
- Communication and coordination, temporary custody perhaps, lower the age of consent to noninvasive procedures too
- Create better communication with parents: remember what works in rural Alaska, talk to principal, health aides, etc.
- Clarification of process and protocol, not just dollars
- Inform parents of Denali Kid Care eligibility
- Expand school based oral sealant program beyond school hours
- Give more practical aspects of life through health education
- Improve communication between school nurses and health care providers
- State mandate for school nurses at 1/750 (itinerants)
- Interface Denali Kid Care with reduced lunch program eligibility



Dr. Monica Gross addressing Health Services Group

WHO ELSE SHOULD BE INVOLVED

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> ▪ Headstart ▪ Public Health nursing ▪ Alaska Primary Care Association ▪ SouthCentral Foundation | <ul style="list-style-type: none"> ▪ Alaska Native Tribal Health Consortium ▪ Office of Children’s Services ▪ More rural representatives ▪ School board members from all districts (rural/urban) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

NEXT STEP

- Nancy Edtl will request the right person from the Alaska School Nurses Association.

Nutrition Component Recommendations

- *State funding to supplement federal funds for school meals
- Make sure Alaska's voice is heard for the 2009 Reauthorization Act of the federal child nutrition programs, U.S. Department of Agriculture
- Increase financial support at the State and federal levels to fund school meals
- Get state statute/regulation (legislation) introduced to increase state funding for school meal program
- Educate legislators, parents, grassroots about the importance of school meals: reduction in chronic disease, improved academic achievement etc.

BARRIERS

- Transportation of food
- Funding – labor/benefits – extending lunch periods or adding school breakfast cost more because many become eligible for benefits
- Inconsistent messages
- Community values – don't value healthy foods, families and children are familiar with "fast" foods
- Time for service – often breakfast/lunch periods are too short to feed entire school
- Fresh vegetables and fruits are very expensive
- Actual costs for a meal include milk at 45 cents, entrée at 90 cents, fruit/vegetable at 50 cents each, grains and dessert at 30 cents, 5 cents for eating utensils, \$2.20 for labor per meal all coming out of a budgeted \$4 per meal.

SOLUTIONS

- Financial Support from the state
- Increased financial support from the federal government
- Develop same message with condition and access school
- Educate the realities of heart disease, diabetes, obesity
- Length of lunch/breakfast periods: educate principals about the importance of scheduling
- Develop messages about the importance of scheduling adequate time for lunch/breakfast into the school day and share with principals and other school leaders
- Develop toolkit for principals and decision makers to help guide them through school meals nutrition and 'meal scheduling'
- Support schools/districts in creating an evaluation of the implementation of their Wellness Policies.

WHO ELSE SHOULD BE INVOLVED

- Superintendents, principals, parents, teachers, PTAs, student governments, school boards

NEXT STEP

- Dean Hamburg will see that an Alaska School Nutrition Association (AKSNA) board position will serve as the liaison to the school nutrition component.



Dean Hamburg and Linda Coate sharing in Nutrition Services group

Physical Education and Physical Activity Component Recommendations

- *Approval from Commissioner and Board of Education to convene a group to develop physical education content standards and model curriculum.
- Public/professional education about physical education and physical activity.
- Have a campaign – Get Active Alaska! Or Active Alaskan Kids
- Build this coalition this year (AFHK as point).
- Send a letter to the Governor/legislation for funding.
- Find a champion/sponsor.
- Governor’s school wellness challenge – tie into Healthy Futures web resource for physical education section of EED website.
- Include physical education and physical activity information in school health newsletter.
- Partner with PTA to initiate an educational campaign around the importance and fun, practical implementation of physical education and physical activity.

BARRIERS

- Lack of physical education teachers or classroom teachers trained or educated in physical activity
- Animal control
- Lack of facilities
- School grounds not connected to local trails
- Certification in physical education
- State content standard for physical education – performance standards curriculum

SOLUTIONS

- Train teachers for active classrooms
- Use community experts
- Activity breaks
- SPARK (others may not know what this is)
- Regional hub teacher training in basic physical education/health
- Encourage group activity education programs
- Funding and creative use of resources
- SR2S
- UAA physical education program w/MAT
- Create content standards, using AAHPERD etc. Pre-approval from EED/Board

WHO ELSE SHOULD BE INVOLVED

- Parks and Recreation
- National Parks Service
- Asthma & Allergy
- American Heart Association
- American Cancer Society
- American Diabetes Association
- American Lung Association
- Media
- Native Health
- American College of Sports Medicine (ACSM)
- Pediatricians
- Special Olympics and Adapted PE
- Boys and Girls Clubs
- Community Schools
- Tribal CorporationsPTA

NEXT STEP

- Russ Stevens will represent this component at future meetings.

Counseling, Psychological and Social Services Component Recommendations

- *Develop a process for identifying needs and resources for a community to increase buy-in and engagement for a coordinated school health model.
- Resource mapping plus needs identification process for a community to build buy-in and identify needs and model for school health center
- Develop a resource that would identify which providers take Medicaid= mental health, dental, pediatric.
- Get rid of active consent requirements so that we can get data and share information with communities
- Share data with parents, community, providers and legislators (Increase public awareness)
- Add requirement for both physical education and health (not either/or)
- Find ways to share information on existing best practices = Juneau Health Center, Intervention team meeting in Wasilla, etc. Share with other schools and communities.
- Figure out how to provide help to teachers who want additional training on health related issues
- Use internet as a tool for community engagement – list serve, public awareness
- Youth sharing with parents = student led information on mental health and substance abuse
- Inspire learning/support creativity and innovation for engagement among schools
- Use model or case study of a ‘school health center’ – what it looks like
- Helping (technology) to address perception/attitudes in community “Not my kid:
- Use of internet (resources, list of DKC providers, data, info)

BARRIERS

- Medicaid requirements for billing
- Waitlists
- Funding gaps for social workers and clinicians and prevention services
- Kids hate health classes
- System silos are inefficient
- Information sharing issues: HIPPA & HERPA
- Pressure nationally to focus on post-school prep vs. social/emotional needs
- Rules about talking to parents about medications if not type “C” certificate
- 400:1 ratio for school counselors and nurses
- Transportation and remote distance to services
- Statewide listing of providers who take Medicaid (dentistry, vision, mental health...)

SOLUTIONS

- Develop mental health/substance abuse services that work for kids (formal vs. informal)
- Coordination between clinical, fiscal and reality of agency/organizational needs vs. client needs
- Services that are ‘fun’ and nonlabelling
- Build relational context for working with kids = formal vs. informal
- Build family systems model vs. medical model
- School based health center model in Juneau – annual health consents, city support for health centers and inkind and funding partnerships with school space and support.
- Creating partnerships in community
- Communities and schools need to take ownership for their own health. Must partner with professionals
- Wasilla and Juneau has an ‘intervention team’ meeting with school staff 1x each week.
- Supports staff as well as kids
- Figure out how to manage information sharing – confidential issues

WHO ELSE SHOULD BE INVOLVED

- More rural people
- More Alaska Native/diverse populations (BIA, Native Corp)
- Native Health Corp
- Behavioral health, treatment and recovery
- Alaska Mental Health Trust Authority
- Behavioral health providers

NEXT STEP

- Brita Bishop will recruit someone to represent this component at future meetings and will assist in representing this component.

Family/Community Involvement Component Recommendations

- *Map out agencies that currently exist and the resources already available.
- *We need a full time champion (advocate) with knowledge of the players.
- Capitalize or celebrate existing programs that are experiencing success.
- Make a connection with dropout prevention and school health.
- Have Commissioner Larry LeDoux be the champion to make this connection.

BARRIERS

- Attitude at schools of ‘leave us alone vs. looking at school as family-community partnership.
- Perception at schools that parents are there to beat up on school personnel
- Budget constraints
- Kids not seeing relevance of good health and or education

SOLUTIONS

- Involve students in decision-making
- Increased parent education
- Early childhood education
- Navigating the system
- Parent advocates
- Identified staff at school to build community partnerships
- Focus PTA on more issues including health
- Principals with greater external focus and ability to communicate with kids, parents and build community relationships

WHO ELSE SHOULD BE INVOLVED

- Governor’s Council on Special Education and Disabilities
- Mental Health Trust beneficiaries boards

NEXT STEP

- Brenda Moore and Victoria Martin will work on this component.

Healthy and Safe School Environment Component Recommendations

- *Meet again as a formalized coordinated school health group to heighten public awareness of the need for healthier school environment as evidenced by school environment data.
- Teleconference on how we assimilate local data assessments in support of providing a focus for health school environment.
- SCCS (School Climate & Connectedness)
- SEEL (Social Emotional/Employability Skills)
- Energy use data (audits and efficiency – lighting)
- Transportation data of student travel tally & Brent Survey
- Advocacy to legislators (local/state)
- Adult-child/youth interactions (Quality of interactions) (School – community members)
- Discipline systems

BARRIERS

- Expensive
- Food regulations prohibitive
- Local leaders not taking local data to legislators
- Prohibitively expensive
- Behavior negatively affected by crowding/closed spaces



Michael Kerosky addressing School Health Environment group

SOLUTIONS

- Discipline systems
- Full spectrum lighting – better behavior
- More fish
- School Climate and Connectedness Survey (need site specific data)
- Great opportunity to share information with legislators in February
- Survey – safe routes to school; student and parent components by state and by schools – 9 communities and present
- Heat
- Architecture – physical structure needs to be spacious
- Skill building for students (SEEL)
- School relationships and community
- Quality of adult/youth interactions

WHO ELSE SHOULD BE INVOLVED?

- Mental Health Trust Authority
- University ISER
- PTA
- Kids
- Rural Native Health Organization (Western)
- Health Consortium
- Rural school and community representatives

NEXT STEP

- Becky Judd and Steve Soenksen will plan the next meeting of this work group and serve as liaison in representing this component.

APPENDICES

Appendix A: Participant List

Appendix B: Brainstormed ideas for building support at State and District levels

APPENDIX A

PARTICIPANT LIST

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BUILDING PARTNERSHIPS FOR COORDINATED SCHOOL HEALTH ALASKA

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BUILDING PARTNERSHIPS FOR COORDINATED SCHOOL HEALTH ALASKA

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APPENDIX B

BRAINSTORMED IDEAS FOR BUILDING SUPPORT AT STATE AND DISTRICT LEVELS

Participants met in smaller groups to identify what can be done to build support and infrastructure for coordinated school health programs in Alaska at either the district or state levels. Many of the points listed below resurface in the later discussions of each component of a coordinated school health program. This is a list of brainstormed ideas, and should not be viewed as representing the beliefs of everyone present.

STATE LEVEL

- Change state regulations that work against us
- Passive consent for school surveys
- Speak in a more coordinated voice
- Keep communication with members
- Survey of legislators – identify important issues (i.e. California tobacco survey)
- Give legislators more information
- Get on legislative health caucus agenda
- Social marketing to parents and the community
- Get parents involved
- Coalitions (all coalitions need to be integrated)
- State School Nurse Consultant (need full time to work with EED and DHSS)
- Needs assessment – school districts
- Use YRBS data at the school and community level
- State certification system for PE/health teachers
- Training standards for health education teachers
- Content standards for health and PE
- Foundation formula funding with dedicated amount for school health
- Partnering with Division of Agriculture to bring locally-grown food into schools
- Review large schools/small schools model
- State block grants
- Put resources where they are needed
- More local control in Alaska
- No unfunded mandates!

DISTRICT LEVEL

- Have a designated School Health Coordinator
- Make the case for staff health and wellness by talking about monetary benefit controlling budget (staff health insurance)
- Integrate health of staff and students as well (staff have trouble accessing health care – needs to take care of mental health issues of staff)
- Partner with community – collocate community organizations in with school
- Make wellness fun
- Integrate health into other classes
- Consistent messages