

# Kentucky Coalition for Healthy Children

## SCHOOL POLICIES TO IMPROVE CHILD AND YOUTH HEALTH

### FIVE BROAD POLICY RECOMMENDATIONS FOR THE COMMISSIONER OF THE KENTUCKY DEPARTMENT OF EDUCATION

The Kentucky Coalition for Healthy Children recognizes and supports the important efforts that the Kentucky Department of Education is taking to improve the education of children and youth and to address the whole child through the implementation of the Whole School, Whole Community, Whole Child (WSCC) framework. While there are many recommendations to be made related to improving the alignment and integration of health and education, the Coalition would like to highlight policies related to children’s health issues that require urgent attention because of the significant negative impact that they will have for the future of Kentucky’s children and youth if they are not addressed.

#### BEHAVIORAL HEALTH AND SUPPORTING RESILIENCY

Addressing behavioral health early and comprehensively has long term health and social benefits for children. Adverse Childhood Experiences (ACEs) can cause toxic stress, considered one of the most prominent public health issues of this generation because it derails healthy development. Toxic stress not only affects students’ school performance and ability to learn, but because the impact is emotional, psychological, and biological, it can lead to children developing chronic diseases in adulthood and lead shorter lives. At the root of Adverse Childhood Experiences are Adverse Community Environments, such as poverty, racism and discrimination, violence, poor housing, low access to resources, including education, employment, health care, food security, transportation, etc. These are the “pair of ACEs” that require interventions that support building resilience.

- I. Recommended Policy: Increase the proportion of elementary and secondary schools that are trauma-informed to help children develop resilience, as well as increase access to behavioral health services and supports in schools.**

#### Rationale and Research:

Signs of toxic stress and trauma in children and youth are present in various statistics. In Kentucky, 14% of children have experienced three to eight ACEs.<sup>i</sup> Children living in poverty and children who experience racism are disproportionately affected by ACEs. The percentage of middle school students who reported their mental health was not good (including stress, depression, and problems with emotion), was 51.2%, 64.5% for females and 54.6% for Hispanic/Latino students. The percentage of high school students who reported feeling sad or hopeless was 37.2%. An alarming 8.8% and 8.1% of middle and high school students, respectively, have tried to kill themselves.

This situation has been aggravated by the COVID-19 pandemic. Children and youth have had difficulty accessing social supports, and children receiving mental health services at school were disproportionately affected. Teens in racial and ethnic minorities, with lower family income or with public health insurance who tend to receive mental health services exclusively from school settings were among the most affected. Black youth are at high risk for suicide, given combined stressors of pandemic and racial trauma.<sup>ii</sup>

Nationally, beginning in April 2020, the proportion of children’s mental health–related Emergency Department visits increased 24% for children aged 5 to 11 and 31% for children 12 to 17 compared to 2019.<sup>iii</sup>

Resilience is the interaction between biology and environment that builds a child’s ability to cope with adversity and overcome threats to healthy development.<sup>iv</sup> It entails having protective factors to help children cope, including screening, trained and attentive school personnel, parental engagement, and school to community collaboration. Additionally, it is important to improve screening and assessment procedures.

Among the more specific policy recommendations to increase access to behavioral health services<sup>v</sup> and supports in school, experts recommend:

- **A school counselor for every 250 children (Kentucky’s student-to-counselor ratio is 457.8 to 1).<sup>vi</sup>**
- **A school psychologist for every 500 children.**
- **Increased access to specialty behavioral health services may be made through contracts with community mental health centers and other community based behavioral health providers.**
- **In the trauma-informed training schools provide pursuant to the School Safety and Resiliency Act, include education for all school staff on ACEs and resilience, and the impact of systemic racism on toxic stress in children.**
- **Promote parent/grandparent/caregiver resilience knowledge.**
- **Full implementation of an evidence-based approach to developing youth-teacher/adult relationships in the academic setting.**

Implementation of these policy recommendations requires sustainable funding appropriation.

## PROMOTE CHILD AND YOUTH WELLNESS

The Whole School, Whole Community, Whole Child framework, adopted by the Kentucky Department of Education and schools in the Commonwealth, is a comprehensive tool to promote child and youth wellness by promoting greater alignment between education and the health sector. This includes integration and collaboration to improve child and youth cognitive, physical, social, and emotional development.

### **II. Recommended Policy: Promote child and youth wellness by expanding access to health resources and assessments in school, and address child and youth basic needs by strengthening community supports.**

#### **Rationale and Research:**

The Centers for Disease Control and Prevention (CDC) have emphasized that school health services working in collaboration with school and community support services increase “the ability of students and families to adapt to health and social stressors, such as chronic health conditions or social and economic barriers to health, and to be able to manage these stressors and advocate for their own health and learning needs. Qualified professionals such as school nurses, nurse practitioners, dentists, health educators, physicians, physician assistants and allied health personnel provide these services.”<sup>viii</sup>

Among the more specific policy recommendations related to health resources and assessments in schools are:

- **A school nurse for every 750 children (only 43% of Kentucky schools meet the National Association of School Nurses recommendation). A school nurse in every Kentucky school, all day, every day.**
- **Full implementation of School Based Health Services to expand care and bill for services provided to Medicaid-eligible children that fall outside the Individual Education Program (IEP).**
- **Improve access to oral health services in the school setting. Require children and youth to have a bi-annual oral check-up. And integrate teeth brushing into preschool and elementary curriculum.**
- **In addition to preventive student health examinations required in 702 KAR 1:160, require adolescent health examination for high school (currently left to discretion of local Board of Education).**

With respect to community support services, two important programs in Kentucky which require funding, standardization, expansion, and support are Family Resource and Youth Services Centers (FRYSC) and Community Health Workers (CHWs).

There are 857 FRYSC that serve over 1,200 schools. During the critical time of school closures (March-June 2020), FRYSC coordinated over 49,000 home visits.<sup>viii</sup>

Community Health Worker programs in Kentucky have also proven to be critical as a successful CHW program, Kentucky Homeplace in Eastern Kentucky, shows. This program served 166,227 clients from July 2001 to June 2019 and provided 5,012,152 services with a combined medication and service value of \$340,095,050. The return on investment (ROI) is \$11.34 saved for every \$1 invested.<sup>ix</sup>

Among the more specific policy recommendations to help students and families access more community support resources:

- **Foster collaboration across education, child health, public health, and community-based agencies with community liaisons such as Community Health Workers and Family Resource and Youth Services Centers Staff.**
- **Strengthen coordination between the Kentucky Department of Education, the Cabinet for Health and Family Services and the Kentucky Housing Corporation to develop funding streams (Medicaid, SNAP, and housing) to expand the Community Health Worker network and to increase coordination with FRYSCs.**

Federal funds to schools have become available through the Elementary and Secondary School Emergency Relief Fund (ESSER from the CARES Act and ESSER II from CRRSA), as well as the American Rescue Plan Act, and more will be available through the American Families Plan. These funds provide an increased opportunity for schools to contract for these much-needed services and supports to improve child and youth health.

## **PHYSICAL ACTIVITY AND NUTRITION**

Kentucky needs to implement policies to reduce the proportion of children and youth with obesity, given that it ranks 1<sup>st</sup> in the Nation in children and youth ages 10 to 17 with obesity. Children are in school for more than 1,000 hours a year and consume up to fifty percent of their daily calories at school. For children and youth from low-income families, schools offer unique opportunities to achieve healthier eating and routine physical activity.

### **III. Recommended Policy: Increase the number of schools that offer quality physical education for all students, every day, and improve access to physical activity in schools.**

#### **Rationale and Research:**

Physical Education (PE) in schools has been identified as one of the strongest policies on the physical activity side of obesity prevention.<sup>x</sup> Experts recommend at least 60 minutes of daily physical activity, which is not only a central policy to reduce obesity but also has many other benefits, including improving academic performance. Research shows a benefit of more than \$32 for every \$1 invested in school-based physical education and physical activity programs.<sup>xi</sup>

In Kentucky, according to the latest Youth Behavior Risk Survey (YRBS 2019), only 17.8% of high school students and 28.2% of middle school children attended physical education classes 5 days in an average week in school. For girls, these percentages were even lower: 14.7% for high school and 25.9% for middle school. Only 19.6% of high school students and 22.9% of middle school children reported being physically active for the recommended 60 minutes a day in a week.

Among the more specific policy recommendations for students to engage in more daily physical activity in schools, experts recommend.<sup>xii</sup>

- **Approve a policy that schools may not use physical activity as a punishment nor withhold opportunities for physical activity as punishment.**
- **Revisions and modifications can be made to the wellness policy that permits physical activity to be considered part of the instructional day, not to exceed 30 minutes per day, or 150 minutes per week (KRS 160.345 (11))<sup>xiii</sup>:**
  - Include the requirement of a sub-committee of the school council dedicated to implementation, assessment, and reporting of the wellness policy outcomes to the School Based Decision Making (SBDM) Council.
  - Specify the type of minutes to be included in the 150 minutes per week, including recess, PE, and classroom physical activity breaks.
  - Amend KRS 160.345(11) language from “...not to exceed 30 minutes” to “a minimum of 30 minutes”, therefore; allowing schools flexibility in what they choose to offer and how they achieve it.
- **Revise Kentucky’s ESSA state plan to include the original Title IV Part A, *Opportunity and Access* section language in the 2018 state plan and maximize the funding opportunities that ESSA provides.<sup>xiv</sup>**

### **IV. Recommended Policy: Increase strong nutritional standards for all food and beverages sold or provided in schools, and increase students participating in school nutrition programs.**

#### **Rationale and Research:**

Nearly 20% of Kentucky’s children are food insecure.<sup>xv</sup> Only 26.5% of high school students and 40.9% of children in middle school ate breakfast on all 7 days. Black children and youth had much lower percentages: only 18.2% of high school and 33.5% of middle school children ate breakfast (YRBS 2019). This situation has only been made worse by the COVID-19 pandemic.

Among the more specific policy recommendation to provide children and youth with access to healthy and nutritious food, experts recommend:<sup>xvi</sup>

- **Increasing the number of students participating in the School Breakfast Program and those participating in the USDA Summer Food Service Program.**<sup>xvii</sup>
- **Continue to implement and expand the Community Eligibility Provision of the National School Act that allows schools in high-poverty areas to serve free meals to all students, regardless of family income.**<sup>xviii</sup>
- **Implement nutrition standards that enhance the federal standards and exceed USDA Smart Snacks guidelines.**
- **Replace sugar-sweetened beverages and junk foods in schools and their surrounding environment with healthier options.**

## **CHILD AND YOUTH TOBACCO, VAPING, AND DRUG USE PREVENTION AND REDUCTION**

Substance use is an alarming problem on the rise in Kentucky. Leading the problem is tobacco use, primarily vaping and smoking. Kentucky has the second highest adult and youth smoking rates in the nation. Most tobacco use begins before age 18, with the peak years for trying tobacco products being between the ages of 11 and 13.<sup>xix</sup> Research indicates that youth who use electronic cigarettes are more likely to smoke cigarettes as adults. In Kentucky 2,900 youth start smoking every year.<sup>xx</sup>

### **V. Recommended Policy: School Health Programs to Prevent Substance Use and Addiction.**

#### **Rationale and Research:**

Child and youth tobacco use in Kentucky has only gotten worse in the past few years. The percentage of high school students who used an electronic vapor product rose from 41.7% in 2015 to 53.7% in 2019, and for students in middle school from 21.8% to 31.4% for the same years (YRBS 2019). At the same time, the percentage of high school students who tried to quit smoking has continuously decreased, going from 59% in 2009 to 30.6% in 2019, a 28.4% drop.

A recent survey indicates that Kentucky students say the pandemic has led to increased vaping and other tobacco use among peers.<sup>xxi</sup>

Policies to reduce and prevent tobacco use in children and youth are critical to children's health, more so considering that tobacco use is the single most preventable cause of death in the United States. These policies have increased in recent years. In 2019 Congress passed the spending bill that included a provision to raise the minimum legal sales age for all tobacco products from 18 to 21 nationwide. The following year Kentucky passed its tobacco 21 bill. Federal law prohibits smoking inside schools that receive federal funding, and in 2019 Kentucky passed language to give school districts the opportunity to expand that to school campuses, prohibiting tobacco use by students, staff, or visitors on all school property and in the presence of students on school-sponsored trips.

Among the more specific policy recommendations to address this issue, the Centers for Disease Control and Prevention (CDC) and the Campaign for Tobacco Free Kids include<sup>xxii</sup>:

- **Ensure implementation and enforcement of school tobacco-free policies, which should be clearly and consistently communicated and applied.**
- **Provide comprehensive tobacco-use prevention education (especially intensive in middle school and junior high school; reinforced in high school).<sup>xxiii</sup>**
- **Provide program-specific training for teachers.**
- **Involve parents/ caregivers and families in school tobacco use prevention efforts.**
- **Support tobacco cessation efforts among students and school staff who use tobacco.**
- **Adopt a firm school policy of not accepting any funding, curricula, or other materials from any tobacco company.**
- **Evaluate the school's tobacco-free programs at regular intervals.**

Overall, the Kentucky Coalition for Healthy Children encourages the Kentucky Department of Education to fully implement an evidence-based approach to include meaningful youth and family voice in policy development to improve child and youth health.<sup>xxiv</sup>

<sup>i</sup> Kentucky Youth Advocates. **The Impact of Adverse Childhood Experiences on Kentucky Kids and What’s Being Done About It.** <https://kyyouth.org/the-impact-of-adverse-childhood-experiences-on-kentucky-kids-and-whats-being-done-about-it/>

<sup>ii</sup> Golberstein, E., Wen, H., & Miller, B., F. (2020). **Coronavirus disease 2019 (COVID-19) and mental health for children and adolescents.** JAMA Pediatrics; Kim, L., Whitaker, M., O’Halloran, A., et al. (2020). **Hospitalization rates and characteristics of children aged <18 years hospitalized with laboratory-confirmed COVID;** Neighmond, P. (2020, May 17). **Home but not safe, some LGBTQ young people face rejection from families in lockdown.** Retrieved May 18, 2020 from <https://www.npr.org/sections/health-shots/2020/05/17/856090474/home-but-not-safe-some-lgbtq-young-people-face-rejection-from-families-in-lockdo>

<sup>iii</sup> Centers for Disease Control and Prevention. **Mental Health-Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic.** [Mental Health-Related Emergency Department Visits Among Children Aged 18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020 | MMWR \(cdc.gov\)](https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6810a1.htm)

<sup>iv</sup> Center on the Developing Child. Harvard University. **Resilience.** <https://developingchild.harvard.edu/science/key-concepts/resilience/#:~:text=It%20is%20the%20interaction%20between,overcome%20threats%20to%20healthy%20development.>

<sup>vi</sup> Kentucky Legislative Research Commission. **An Overview of School Counselors in Kentucky.** <https://legislature.ky.gov/LRC/Publications/Research%20Reports/RR465.PDF>

<sup>vii</sup> Centers for Disease Control and Prevention (CDC). Healthy Schools. **Whole School, Whole Community, Whole Child.** <https://www.cdc.gov/healthyschools/wsc/index.htm>

<sup>viii</sup> Kentucky Cabinet for Health and Family Services. **FYRSC Covid 19 Intervention Spotlight.** <https://chfs.ky.gov/agencies/dfrcvs/dfrysc/Documents/COVIDSpotlight.pdf>

<sup>ix</sup> ASTHO and National Association of Community Health Workers. **Community Health Workers, Evidence of their Effectiveness.** <https://www.astho.org/Programs/Clinical-to-Community-Connections/Documents/CHW-Evidence-of-Effectiveness/>

<sup>x</sup> The following are some of the reports that emphasize Physical Education as a primary policy in childhood obesity prevention:

- National Institutes of Science, Engineering and Medicine, **Accelerating Progress in Obesity Prevention. Solving the Weight of the Nation.** May 2012
- Kaiser Permanente, **Evaluating Obesity Prevention Efforts: What Have We Learned? Highlights from a Conversation of Funders and Evaluators.** January 12, 2015.
- Robert Wood Johnson Foundation, **Which Environmental and Policy Interventions Prevent Childhood Obesity? Collecting and synthesizing information about strategies and rating the strength of the evidence for their effectiveness.** January 2014.

<sup>xi</sup> Robert Wood Johnson Foundation, **State of Obesity, Physical Education and Physical Activity in Schools.** <https://stateofchildhoodobesity.org/policy/physical-education/>

<sup>xii</sup> The policy recommendations were developed by KCHC Steering Committee member Elise Kearns. Kearns, Elise. **How small policy changes can transform the implementation of physical activity minutes in Kentucky public schools: A white paper.** Journal of School Health.

<sup>xiii</sup> Kentucky does not require elementary or middle school/junior high school to provide students with physical education. For high school students, it requires 0.5 physical education credit for graduation. The state does not require elementary schools to provide daily recess. The requirement to develop and implement this wellness policy is therefore of greater importance.

<sup>xiv</sup> The current plan changed the “Opportunity and Access” section to “Quality of School Climate and Safety”, however; all assessments and scoring indicators were removed and not replaced with other indicators of “school climate and safety.”

<sup>xv</sup> Feeding America, **Child Food Insecurity in Kentucky.** <https://map.feedingamerica.org/county/2016/child/kentucky>

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<sup>xvi</sup> RWJF, State of Obesity, School Meals and Snacks: <https://stateofchildhoodobesity.org/policy/school-meals/>;  
Kaiser Permanente, Op.Cit.;; National Institutes of Medicine, Op.Cit.

<sup>xvii</sup> The American Families Plan, announced April 28, 2021, is calling to expand summer EBT to all eligible children nationwide. Building on the American Rescue Plan which supports summer pandemic-EBT, this would make this program as of 2023 permanent and available to the 29 million children nationwide receiving free and reduced-price meals. Source: The White House. **Fact Sheet: The American Families Plan.** <https://www.whitehouse.gov/briefing-room/statements-releases/2021/04/28/fact-sheet-the-american-families-plan/>

<sup>xviii</sup> The American Families Plan proposes to expand school meal programs, funding \$17 billion to expand free meals for children in the highest poverty districts by reimbursing a higher percentage of the meals at the free reimbursement rate through the Community Eligibility Provision and lowering the threshold for CEP eligibility for elementary schools to 25% of students participating in SNAP.

<sup>xix</sup> Miech, RA, et al., **Monitoring the Future National Survey Results on Drug Use, 1975-2015: Volume 1, Secondary School Students**, Ann Arbor, Institute for Social Research, The University of Michigan, 2016:  
[http://www.monitoringthefuture.org/pubs/monographs/mtf-vol1\\_2015.pdf](http://www.monitoringthefuture.org/pubs/monographs/mtf-vol1_2015.pdf)

<sup>xx</sup> **Coalition for a Smoke Free Tomorrow.** <https://www.smokefreetomorrow.org/why>

<sup>xxi</sup> Kentucky Youth Advocates and Foundation for a Healthy Kentucky. <https://kyyouth.org/kentucky-students-say-pandemic-led-to-increased-vaping-and-other-tobacco-use-among-peers/>

<sup>xxii</sup> Campaign for Tobacco Free Kids. **How Schools Can Help Students Stay Tobacco Free.** Dec. 2020.  
<https://www.tobaccofreekids.org/assets/factsheets/0153.pdf> Centers for Disease Control and Prevention. **Guidelines for School Health Programs to Prevent Tobacco Use and Addiction.**  
<https://www.cdc.gov/mmwr/preview/mmwrhtml/00026213.htm>

<sup>xxiii</sup> <sup>xxiii</sup> The Kentucky Tobacco Prevention and Cessation Program and the Kentucky Center for Smoke-Free Policy recently held a Tobacco Control Conference Webinar on vaping education for youth. Link: [E-Cigarette Education in Schools: Life Science vs. Tobacco Control Approaches](#)

<sup>xxiv</sup> Youth.Gov. <https://youth.gov/youth-topics/family-engagement>