

April 6-12, 2020



Education

Support for Distance Learning

Friday, April 10th

Distance learning is now more necessary than ever. It increases the need for access to technology and high-speed internet as schools are often the key source of daily learning activities. In many communities, officials have decided

to temporarily close schools and childcare centers to help slow the spread of the virus. If your children need to stay home due to the outbreak, try to keep their days as routine and scheduled as possible.

Keep a Routine

Since changes in routine can be stressful, it will be helpful to talk with your kids about why they are staying home and what your daily structure will be during this time. Let them help create a daily schedule that can hang on the refrigerator or somewhere they can see it each day. Be sure to include breaks from tele-work or schoolwork to relax and connect with each other.

Here are some ideas to help you create a daily schedule:

- Wake up, get dressed and have breakfast at the normal time.
- Decide where everyone can do their work most effectively and without distractions.
- List the times for learning, exercise and breaks.
 - For younger children, 20 minutes of class assignments followed by 10 minutes of physical activity might work well.
 - Older children and teens may be able to focus on assignments for longer stretches, taking breaks between subjects.
 - Include your hours as well, so your children know when the work day is done.
- Schedule time for nutritious lunches and snacks. Many schools are providing take-home school meal packages for students who need them.
- Don't forget afternoon breaks as well!
- Have dinner together as a family and discuss the day.
- Enjoy more family time in the evenings, playing, reading, watching a movie or exercising together.
- Stick with normal bedtime routines as much as possible during the week to make sure everyone gets enough sleep.

Other Helpful Resources:

- School Safety and Crisis

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For science.

A lack of education is one of the social determinants of poor health. Factors like poverty and unsafe neighborhoods can stack the deck against children even before they enter the classroom because educational achievement is directly linked to socioeconomic status and community environment. Twenty-one percent of children in the U.S. live in poverty. For black and Hispanic children, those numbers nearly triple (37.8% and 31.9%, respectively) those of white children (12.7%).^[1] More than a third of black, Hispanic and American Indian and Alaska Native students in the U.S. do not graduate from high school on time. When it comes to meeting the Healthy People 2020 graduation target of 82.4%, the gap between white students and black and Hispanic students is more than 10%. The number is even higher for American Indian/Alaska Native students.^[2]

Students who receive free or reduced-price breakfast and lunch at school have lower rates of absenteeism and obesity, and higher rates of food insecurity.^[3] Access to school-based health centers has a positive effect on schools' learning climate.^[4]

For action.

Demand equitable funding for all schools within your school district. Support school-based health centers that connect students to high-quality medical and wraparound support services.^[5] Advance cross-sector partnerships that target the social determinants,^[6] such as increasing job training opportunities, growing local employment and helping children achieve academic success. Help establish school health coordinating councils, with the help of your local health department and education agencies, to engage families and faith-based organizations, businesses, mental health and health organizations, and other community

**FRIDAY
Education**

NPHW 2020

FOR SCIENCE

Educational achievement is linked to lifelong health and prosperity.

FOR ACTION

Demand equitable funding for all your local schools.

FOR HEALTH

High school graduation is linked with a 9-year increase in lifespan.

stakeholders. Such councils can link community health databases and school indicator databases to better track improvements and areas that need attention.^[7]

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For health.

Graduation from high school is linked to an increase in average lifespan for up to nine years. High school graduates have better health and lower medical costs than those who drop out. College graduates fare even better, health-wise.^[7] Elevate the message that health and education are intertwined. Reach out to your local school boards and communicate your support for school-based health care services. Demand that school lunch debt policies do not punish children. Advocate for eliminating school lunch debt completely. School boards, parents and community members should "monitor and evaluate implementation of the reauthorized Elementary and Secondary Education Act at the local level to ensure equity in school resources, health services, healthy food access, and educator training across communities and to ensure that quality health education and adequate physical education are core school components."^[2]

For justice.

Current distribution of economic resources to schools is based on property taxes. In neighborhoods and communities where property values are lower, schools see fewer resources. To introduce equity, resources should be distributed based on student needs.

References

- [1] [APHA](#)
- [2] [APHA](#)
- [3] [Food Research and Action Center](#)
- [4] [Journal of School Health](#)
- [5] [Global Pediatric Health](#)
- [6] [County Health Rankings & Roadmaps](#)
- [7] [APHA](#)

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Educación

Viernes 10 de abril

Para la ciencia.

La falta de educación es uno de los factores sociales determinantes de la mala salud. Factores como la pobreza y los vecindarios inseguros pueden inclinar la balanza en perjuicio de los niños incluso antes de que ingresen al aula, porque el éxito educativo está directamente vinculado con la situación socioeconómica y el entorno comunitario. El 21% de los niños en los Estados Unidos vive en la pobreza. Para los niños negros e hispanos, esas cifras casi triplican (el 37.8% y 31.9%, respectivamente) las de los niños blancos (12.7%).^[1] Más de un tercio de los estudiantes negros, hispanos, nativos americanos y nativos de Alaska en los Estados Unidos no se gradúan de la escuela secundaria a tiempo. Cuando se trata de alcanzar el objetivo de graduación de Healthy People 2020 del 82.4%, la brecha entre los estudiantes blancos y los estudiantes negros e hispanos es más del 10%. La cifra es aún mayor para los estudiantes nativos americanos o nativos de Alaska.^[2] Los estudiantes que reciben el desayuno y el almuerzo gratis o a un precio reducido en la escuela tienen índices más bajos de ausentismo y obesidad, e índices más altos de inseguridad alimentaria.^[3] El acceso a los centros de salud basados en la escuela tiene un efecto positivo en el clima de aprendizaje de las escuelas.^[4]

Para la acción.

Exija un financiamiento equitativo para todas las escuelas dentro de su distrito escolar. Apoye los centros de salud basados en la escuela que conectan a los estudiantes con servicios médicos y de apoyo integral de alta calidad.^[5] Promueva las asociaciones intersectoriales que apuntan a los factores sociales determinantes,^[6] como incrementar las oportunidades de capacitación laboral, aumentar el empleo local y ayudar a los niños a alcanzar el éxito académico. Ayude a establecer consejos de coordinación de la salud escolar, con la ayuda de su departamento de salud local y las agencias en materia de educación, para lograr la participación de las familias y las organizaciones religiosas, las empresas, las organizaciones sanitarias y de salud mental, y demás partes interesadas de la comunidad. Este tipo de consejos puede vincular las bases de datos de salud comunitaria y las bases de datos de indicadores escolares para realizar un mejor seguimiento de las mejoras y las áreas que requieren atención.^[7]

April 6-12, 2020**Para la salud.**

Graduarse de la escuela secundaria está vinculado a un aumento en la esperanza de vida promedio de hasta nueve años. Los graduados de secundaria gozan de mejor salud y tienen menos gastos médicos que quienes abandonan. A los graduados universitarios les va aún mejor en lo que atañe a la salud.^[7] Enarbole el mensaje de que la salud y la educación están entrelazadas. Contáctese con las juntas escolares locales y transmítales su apoyo a los servicios de salud basados en la escuela. Exija que las políticas de deuda del almuerzo escolar no castiguen a los niños. Abogue por eliminar por completo la deuda del almuerzo escolar. Los consejos escolares, los padres y los miembros de la comunidad deben "monitorear y evaluar la implementación de la Ley de Educación Primaria y Secundaria reautorizada a escala local para garantizar la equidad en los recursos escolares, los servicios de salud, el acceso a alimentos saludables y la capacitación de los educadores en todas las comunidades, y para garantizar que la educación en salud de calidad y la educación física adecuada sean componentes centrales de la escuela."^[2]

Para la justicia.

La distribución actual de los recursos económicos a las escuelas se basa en los impuestos inmobiliarios. En los vecindarios y las comunidades donde los valores de las propiedades son más bajos, las escuelas reciben menos recursos. Para implantar la equidad, los recursos deben distribuirse sobre la base de las necesidades de los estudiantes.

Referencias

- [1] [APHA](#)
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School Safety and Crisis

Care for the Caregiver: Tips for Families and Educators

Parents, teachers, and other caregivers play a critical role in helping children cope with crises, often ignoring their own needs in the process. However, caregivers must take good care of themselves so they are able to take good care of the children in their charge.

1. A natural instinct for parents and other caregiving adults is to put their personal needs aside in order to ensure the safety and well-being of the children in their care. It is extremely important, though, for caregivers to monitor their own reactions and take care of their own needs, because failure to do so can result in stress and burnout. This is particularly true for crisis situations in which normal support systems and routines have been severely disrupted and for which recovery will take a long time.
2. Burnout interferes with one's ability to provide crisis support and intervention assistance. This can be true in the aftermath of an immediate crisis like a natural disaster or terrorist attack as well as during extended periods of stress and anxiety like war.
3. In addition to burnout, caregivers also may experience secondary trauma or stress that results from learning about another's traumatic experience and/or helping someone who has been directly affected by such tragedy.
4. While any caregiver may exhibit signs and symptoms of stress and secondary trauma, caregivers who have their own histories of prior psychological trauma, loss and grief, mental illness (including substance abuse), or who lack social and family resources will be more vulnerable to these issues.
5. Some reactions are commonly experienced by caregivers after a crisis; however, others may warrant professional support or monitoring. These include:
 - a. *Cognitive reactions* such as an inability to stop thinking about the crisis, loss of objectivity, an inability to make decisions, or an inability to express oneself verbally or in writing.
 - b. *Physical reactions* such as chronic fatigue and exhaustion, gastrointestinal problems, headaches and other aches and pains, loss of appetite, or difficulty sleeping.
 - c. *Emotional reactions* such as excessive worry or anxiety, numbing, irritability, anger or rage, distressing thoughts or dreams, and/or suicidal thoughts and/or severe depression.
 - d. *Behavioral or social reactions* such as alcohol and substance abuse, withdrawal from contact with loved ones, or an inability to complete or return to normal job responsibilities.
6. All caregivers need to consider the following suggestions to prevent burnout:
 - a. *Physical self-care.* Maintain healthy eating habits and drink plenty of water; limit the use of alcohol or other substances; get adequate sleep.

- b. *Emotional self-care.* Know your limitations; recognize that your reactions are normal and occur frequently among caregivers, including many well-trained crisis professionals.
- c. *Social care and connection.* Maintain normal daily routines; connect with trusted friends or family; connect with systemic supports such as your faith and school communities; process or debrief the events at the end of each day with other caregivers or colleagues. This is especially important for crisis responders.
- d. *Adequate support resources.* Acknowledge that you and your family may need additional help. Access crisis support resources provided by community and volunteer services, including social-emotional and mental health supports.
- e. *Systems/procedural care.* Advocate for and set limits on the number of consecutive responses; promote policies that allow for crisis responders to step away from a response if the crisis hits too close to home; ensure that crisis team leaders establish a supportive atmosphere of self-care.

See *Care for the Caregiver: Guidelines for Administrators and Crisis Teams* for additional information for school staff, <http://www.nasponline.org/resources-and-publications/resources/school-safety-and-crisis/care-for-caregivers/care-for-the-caregiver-guidelines-for-administrators-and-crisis-teams>.

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