

Community Resiliency through Schools

*Social Innovation and Entrepreneurship: Saving Lives in the Next
Pandemic.*

Stanford University

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Francisco Cai

Fagan Harris

Emily Gorbaty

Ellen Truxaw

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Introduction

The Community Resiliency Team of the Social Innovation and Entrepreneurship course at Stanford University has been working on an innovation to mitigate the impact of the potential influenza pandemic. We have focused on enhancing support networks within communities, especially vulnerable populations, in order to empower people to help themselves and each other instead of relying on outside institutions that may be overwhelmed and unable to fully support the community.

Although we have iterated and tested our innovation extensively, we also understand that it is still in its formative stages. We enthusiastically invite both your criticisms as well as your support.

Introduction to the Problem

Pandemics are inevitable. History is riddled with pandemics sweeping through entire regions; in fact, there have been ten pandemics in the last 300 years. There were three pandemics in the 20th century alone - the most notable being that of Spanish Influenza in 1918, a strain that killed between 50 and 100 million people, then 2.5 to 5% of the world's population, in 18 months.

Despite the numerous advances that have taken place in modern medicine since 1918, the world is still unprepared for an influenza pandemic. Hospital surge capacities cannot currently withstand the projected number of cases a pandemic would incur, and locally-based plans do not account for fragile large-scale supply chains. Scientists will not have a vaccine ready for such a disease for many months following the initial spread of the disease. Even after a vaccine is prepared, it has been estimated that the vaccine can only be made available to approximately 400 million individuals worldwide. With 300 million people in the United States alone, a large proportion of our population will be without vaccination. Considering the current state of our nation's preparedness for a pandemic, the vast majority of the American population will be under-prepared to confront the next pandemic.

The Problem We Are Confronting

In a pandemic, there is a tension between keeping individuals connected but physically separated. Due to the nature of a pandemic, the general public will want to isolate themselves. However, with an infrastructure that promotes connectedness despite physical barriers, a community can become resilient against natural disasters, including influenza pandemic.

Effectively promoting **community resiliency** is a struggle identified by multiple sources. A recent report by the CDC highlights the importance and difficulty of promoting community resiliency, especially among more vulnerable populations. According to a report by the Harvard School of Public Health, 24% of all individuals in the United States would have no one to care for them in the event of a pandemic.

Research by the CDC indicates that 45% of all single parent households will not have anyone to rely on, and when schools close 35% of households with children will experience some form of hardship. For these reasons, a plan for community resiliency is paramount in ensuring that every community is resilient. As was evidenced by Hurricane Katrina, for the response to any disaster to be successful, all individuals within a community must be accounted for. Even the most vulnerable must have mechanisms in place that provide them with the resources and information necessary to stay healthy and connected.

Opportunities for Innovation

Our innovation puts in place a community infrastructure that sets up individuals into a community network, empowers individuals to become community coordinators (coordinating resources and services within the community), and reaches out to vulnerable populations. Our innovation operates under the key assumption that individuals can be mobilized and community resiliency can be fostered if a comprehensive plan is in place and responsibility is distributed to the point where no one party is overtaxed.

Our innovation uniquely adds value by organizing communities through the public school system. Because public schools are fixtures in every community, effectively leveraging schools touches a significant portion of the American population. Additionally, we can reach many of the vulnerable populations that may otherwise be inaccessible.

To accomplish this, we propose working through existing social networks already utilized by public schools, such as ties between families as well as the Parent Teacher Association and other community organizations. Further, we want to capitalize on these networks without overtaxing a system that is already under severe strain. For example, all families with children in school are already accustomed to adhering to certain procedures each year, such as completing emergency contact information and the accompanying federal forms. Sending home a page of additional information regarding pandemic and disaster preparedness (see **Disaster Preparedness Sheet** in the **Appendix**) is a small task for the schools and requires very little out of families within the community, but ultimately small steps such as these could make a great difference in building the groundwork necessary to promote community resiliency at a later date. We have found that many parents would not be averse to learning more about preliminary steps to prepare for a pandemic as long as these steps do not greatly infringe upon time and financial constraints.

Recent history has shown us that effective community resiliency is necessary to minimize the loss of the life that accompanies a disaster. Because many institutions on which we depend during a disaster will become overwhelmed, we must put the appropriate structures in place so that we can mitigate the impact of the next disaster. These structures can be implemented through workplaces, houses of worship, and community centers in addition to public schools.

Innovation

Overview

Our innovation is composed of a public school curriculum, which emphasizes pandemic preparedness and community programming, and a community resiliency plan, which focuses on fostering and mobilizing support networks in the community.

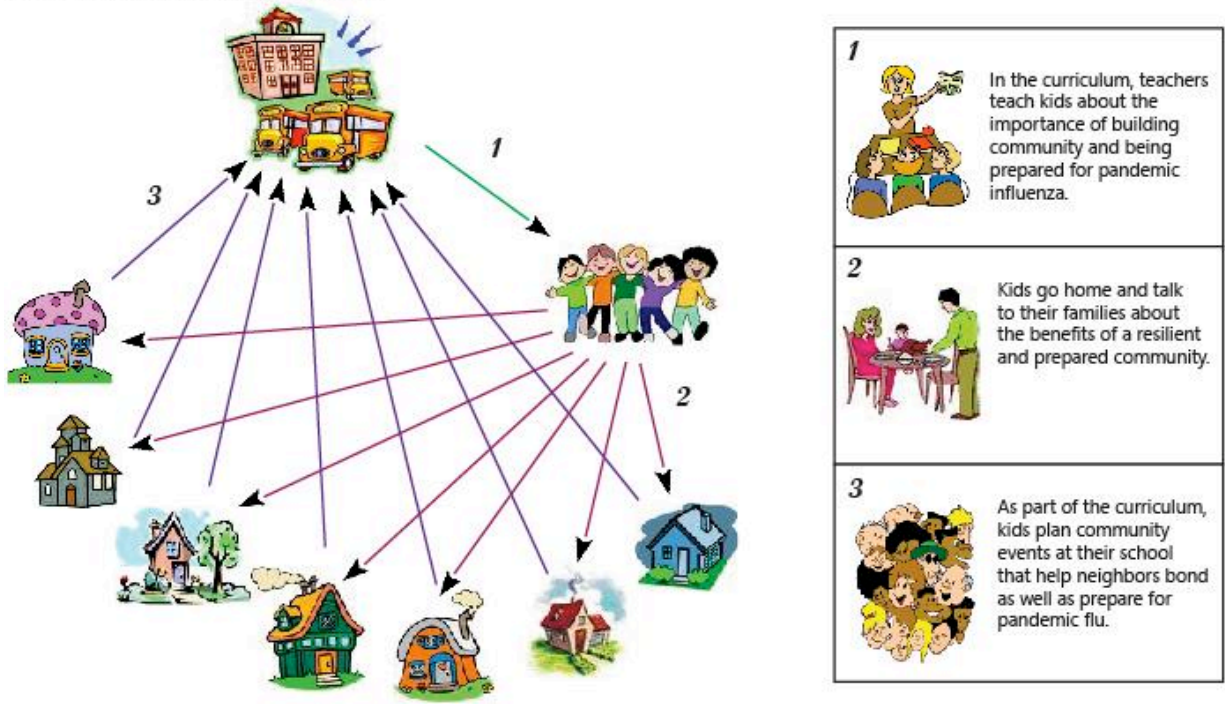
The Curriculum

The school curriculum institutionalizes our community resiliency plan by involving children and their parents in the process of preparing for future pandemics and other disasters. Our curriculum broadens what it means to be health literate in the public schools. Current approaches to health literacy entail a fair understanding of potential disasters and diseases along with their mitigation strategies—and the word “pandemic” does not once appear. Our proposal demands that health literacy involve a more comprehensive understanding of diseases and disasters, emphasizing the importance of the involvement family and the community in preparedness plans. The curriculum community network brings individuals together in several different ways. There may be groups of families that lend support to one another emotionally, through the exchange of resources or even through the coordination of child care or car pooling. These groups, however, will not be rigid, and one family may connect with their neighbors however they best see fit would incorporate the following:

- Educational information about disaster and pandemic preparedness
- Projects that reach out to the local community and build social capital
- Simulations and practice of community resilience plans
- Creation of disaster or flu kits

The curriculum aims to educate, prepare, and empower students, parents and the local community before a pandemic strikes (see the **curriculum** in the **Appendix** and **Figure 1** on the next page).

Figure 1: How the Curriculum Works



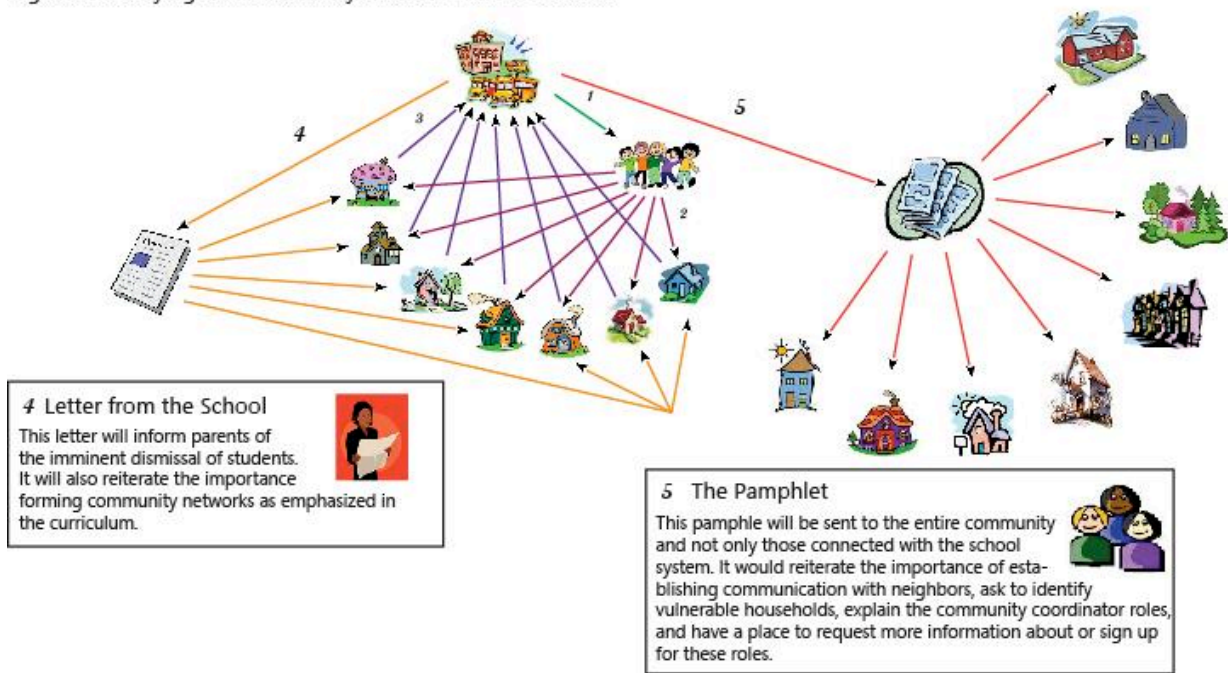
Moving from Schools to Community

The preparations built into the curriculum are just a starting point in building community resilience. There are intermediate steps in place to ensure that the preparations set up through the curriculum are not forgotten.

When the pandemic is in its initial stages, a letter informing parents of imminent dismissal of all students will be sent out (see **Figure 2**). This letter will serve as a gentle but firm warning to all families that the impending pandemic is in fact imminent. It encourages all families to establish communication with their neighbors, make all necessary preparations and seriously consider taking an active role in helping their community to become resilient. This letter will relate back to many of the exercises and preparations made as a result of the pandemic curriculum (see **Letter to Parents** in the **Appendix**).

During the initial outbreaks of the pandemic, an informational pamphlet will be deployed (see **Figure 2**). It will recruit potential community coordinators and identify potentially vulnerable households. This pamphlet will allude to many of the exercises explored in the curriculum and coordinate with the letter. The purpose of this redundancy is to reinforce and emphasize the information distributed throughout the community. It will grant individuals greater security in the awareness of their ability to actively protect themselves and aid their neighbors (see **Pamphlet** in the **Appendix**).

Figure 2: Notifying the Community of an Imminent Pandemic

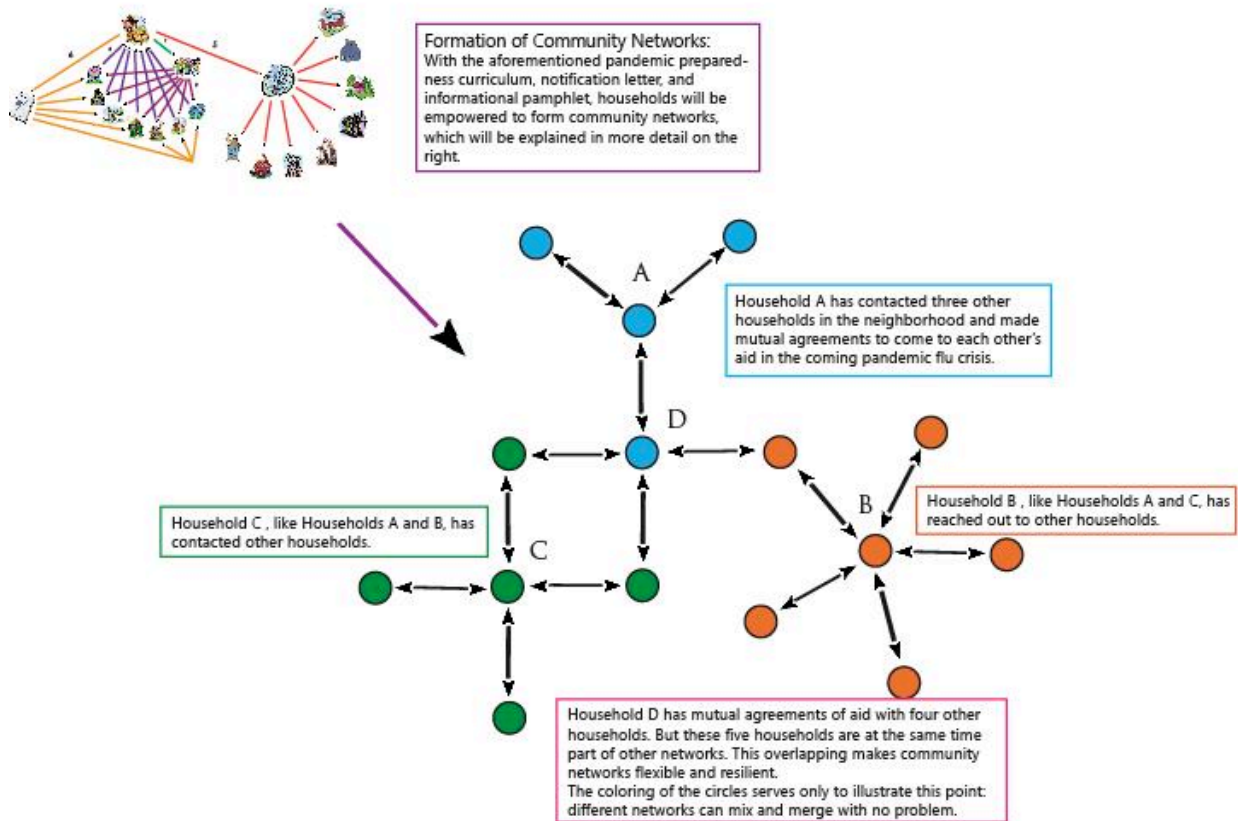


The Community Network

The Community Network is the final manifestation of our community resilience plan. It will consist of several families within a given community coming together to support one another with supplies and resources, emotional support, and services. The community network does not involve exclusive circles of families but rather, individual families that pair themselves with other families. For example, Family A can pair itself with Family B, C and D. Family B can pair itself with Family A, Family E and Family F. A final image to visualize is a series of community networks that take the shape of overlapping "stars"—stars formulated through bilateral agreements of mutual aid and assistance between families (see **Figure 3**).

To improve lateral communication and to promote the development of social capital, phone trees will also be put in place by public schools within the community. The purpose of the phone tree is to keep families in touch with other members of the community—not just their immediate networks or the community coordinators. Phone trees will not be used or encouraged for the spread of information but rather will be used so that families within the community will be privy to local conditions within the community as well as potential opportunities to help neighbors. For example, if Mrs. Jones is given the numbers of two neighbors that she would never ordinarily call, and she is encouraged to contact them, she may find out that these two neighbors have resources that she may desperately need, or she may be made aware of different ways that she can uniquely aid these two neighbors.

Figure 3: Resilient Community Networks: Based on Mutual Agreements, and Characterized by Overlaps



Vulnerable Populations

Individuals will be notified and encouraged to support members of their community who may be considered vulnerable. The pamphlet encourages individuals to identify people in their neighborhood that may need extra help. It will then be ask them whether or not they are interested in aiding these people.

Community coordinators, further discussed in the following section, will have a list of vulnerable household as identified by the community in the pamphlet. Community coordinators will be encouraged to reach out to these households without prompting.

Community Coordinators

Establishing communication within a neighborhood is essential; however, to meet the needs of community members, coordinators will serve as pivot points in the resiliency plan. Individuals within the community can call on them for additional support. Responsibility will not be vested solely in one or two community roles, but rather diffused over many individuals and roles. An incentive for these individuals will be access to information concerning the latest updates on the pandemic and the location of local resources and services. While the community networks and phone tree could be

sufficient in building community resiliency, the community coordinators help ensure that individuals get the resources and services they need (see **Figures 4 and 5**).

Resources Coordinators

Food Coordinator: Food Coordinators keep in touch with the local public health department, which communicates with organizations that can provide food to the community, including but not exclusively the Red Cross, churches, grocery stores, and other food providers. Food Coordinators need to know who has food, where food is, and how community members can obtain this food.

Supply Coordinator: Supply Coordinators keep in touch with the local public health department, which communicates organizations that can provide everyday supplies, such as toiletries, diapers, cleaning supplies, plastic bags, etc., such as those mentioned above. Supply Coordinators needs to know who has these supplies, where these supplies are, and how community members can obtain these supplies.

Services Coordinators

Medical Outreach Coordinator: Medical Outreach Coordinators act as liaisons between the community and medical services, connecting those in need with health care. By communicating with the local public health department, Medical Outreach Coordinators keep track of information for hospitals, clinics, pharmacies, and local triage centers, as well as who has medical supplies such as masks or vaccines, when available.

Community Services Coordinator: Community Services Coordinators connect people in need of services with community members willing to provide these services. The Community Services Coordinator would match those who cannot supervise their children with those who have indicated willingness to babysit, assign those willing to deliver goods to pick up for and deliver to those who cannot pick up goods themselves, and assign those willing to provide transportation for those who do have no means of transportation to drive these people to where they need to go.

Special Needs Coordinator: Special Needs Coordinators pay special attention to vulnerable individuals, such as the elderly, socioeconomically disadvantaged, disabled, and others who may have difficulty meeting their needs, in the community. Special Needs Coordinators consistently communicate with these vulnerable individuals to learn about their needs and ensure they receive the necessary support.

(See **Community Leadership Guide** in the **Appendix**)

Figure 4: Vulnerable Populations and Outside Organizations

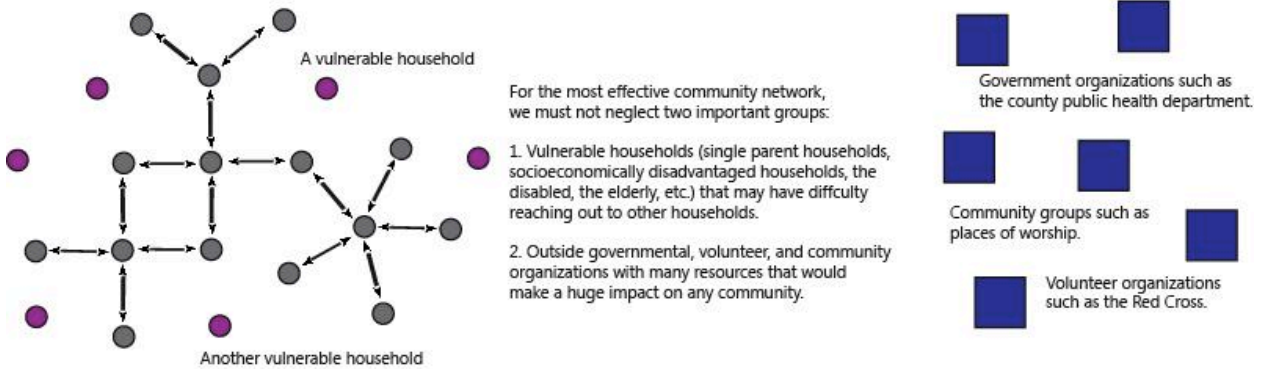
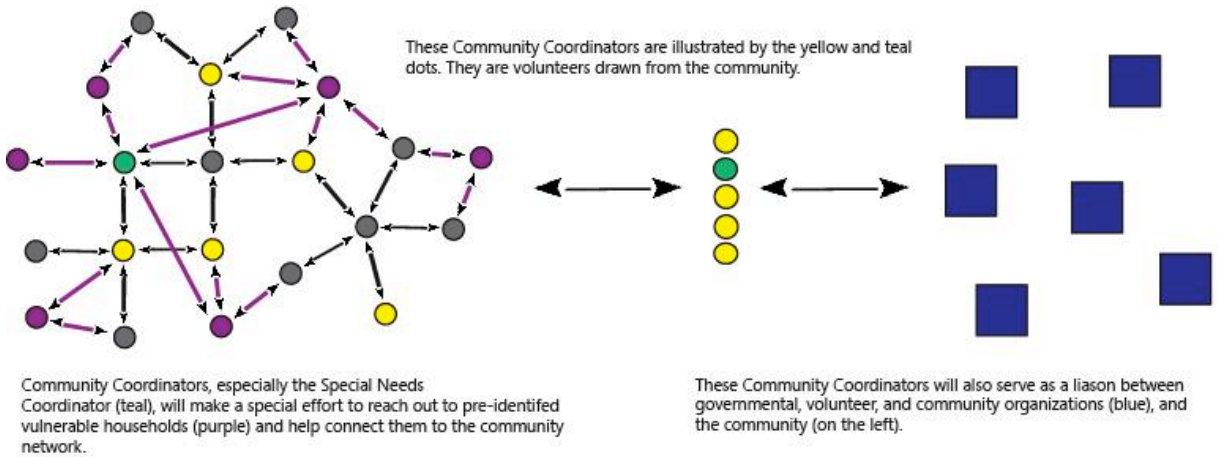


Figure 5: Resilient Community Networks with Community Coordinators:
Establishing Relationships with the Vulnerable Population and Outside Organizations



Returning to the Community as a Whole

Ultimately, the community network is a series of overlapping networks designed to ensure that individuals in the community remain connected. Our innovation initially targets children of the public school system and their parents. From there we bring other members of the community into the fold. All of these networks working in tandem help diffuse the responsibilities of coordinating the dissemination of local information, the coordination of goods and services, as well as providing emotional support to the community to many individuals instead of a few.

Testing

Due to the nature of our innovation, testing was difficult but immensely helpful when successful. Because it is impossible to simulate the full impact of a pandemic, a large degree of our testing relied on conversations with teachers, school officials and parents. We also completed a simulation of our community resilience plan to test the fluidity of our model and in the process gained invaluable insight.

The Curriculum

An official on the Anne Arundel County Board of Education provided insight for the curriculum piece. Promoting and broadening the scope of health literacy is the primary function of this curriculum. Pandemic preparedness is not taught in most schools, so a curriculum addressing this issue was necessary. The curriculum component of the innovation helps instill in the “DNA” of a given school and the surrounding community, a plan for community resilience. The Curriculum, through its exercises and pedagogical instruction, enables the community resilience plan to get its “foot in the door” of the members of the community.

The Pamphlet

Distributed by local schools, corresponding organizations (e.g. the PTA) and the Public health department during the early stages of the pandemic, the Pamphlet distributes and gathers the appropriate information. It builds off work already done within the schools concerning pandemic preparedness (the curriculum) while also gathering the information necessary to execute the community resilience plan.

Community Networks

Initially our networks were exclusive units. Simulations, however, proved them insufficient. By having the networks composed exclusively of bilateral agreements of mutual aid between families, the result is a series of networks that avoid the potential complications of closed, “exclusive” networks, in addition to reaching more of the community.

Phone Tree

Our simulation with the exclusive networks that lacked a phone tree showed a resiliency plan that lacked lateral communication. To improve lateral communication, we implemented a phone tree, providing individuals within the community an opportunity to interact with members outside of their usual contacts.

Community Leadership Roles

The coordination of resources is a key component of our community resiliency plan, as the community network cannot sustain a community through a pandemic without volunteers. Coordinating external resources for a community is critical. Each of our advisors have spoken variably about the idea of community roles – with the question of whether or not individuals will volunteer for such roles being the most problematic issue of this mechanism. Parents and PTA members that we have spoken to suggest that community roles will work so as long as individuals: 1) feel empowered and believe that community roles will aid in their safety, 2) the roles are not cumbersome and all-consuming, and 3) the roles are easy to understand and may be implemented easily. We have solved the above-mentioned problems by designing an informational packet for all of our volunteers. This packet contains not only the logistical information involved with each role but also local contacts (when appropriate), so that coordinators have the necessary information to serve their constituency.

Special Needs Coordinators

Part of the initial planning stages of the community resilience plan, include gathering local information about each community and its inhabitants. Using this information, the Special Needs Coordinator will be in contact with the especially vulnerable individuals within community (i.e. the disabled, the elderly, single-parent households, etc.). Our simulations demonstrated that without this role, there was immense potential for these members of society to be forgotten. We built in this role to provide such individuals with at least one outside contact and to connect them with the community network.

Setting a Precedent: Office of Emergency Services – Organizing Neighborhoods for Earthquake Preparedness

While we formulated our strategy independently, we found that the California Office of Emergency Services' *Organizing Neighborhoods for Earthquake Preparedness* proposed similar approaches for community resiliency addressing earthquakes. *Organizing Neighborhoods for Earthquake Preparedness*, like our plan, includes an emphasis on education and household preparedness, identification of vulnerable individuals and households, and voluntary community leadership roles in the areas of medical outreach, communication, food and water, and outreach to those with special needs (the vulnerable population), among other roles more specific to earthquake response. This enforces the validity of our approach by providing precedent. The primary difference, however, is that the OES' plan is completely up to each neighborhood to pick up, while our strategy would be reinforced through the schools, with the help of community organizations, such as the PTA.

Community Resiliency Integration into Health Education: California Department of Education Regulations

Overview

The government recognizes the potential consequences of a pandemic or other disaster, and one of the public school system's primary goals is keeping students safe and healthy. The *Health Framework for California Public Schools* outlines curricula and other methods that involve the community to address health education, and the California Education Code and California Code of Regulations mandate health education and emergency preparedness plans. Pandemic influenza education and preparedness fall under these mandates.

The Health Framework provides our team with guidelines for our innovation. The Health Framework not only informs us what devices are in place to confront the next pandemic but also lends insight to where we can add value to the current systems.

Currently, the Coordinated School Health System, outlined in the Health Framework, seeks to **"provide the school and community with a sound approach for preventing health problems when possible and dealing with them in a systematic way when they do occur."** Our approach addresses this need.

Gaps to be Closed: Health Framework and Education Code

Linking Schools and Communities

There are disparities in what the Health Framework sets out to do and what is actually accomplished by the public school system. In order to achieve the goal of "health literacy for all children," the Health Framework explains that a **"well-designed curriculum and a supporting structure"** are necessary. However, neither a curriculum nor a supporting structure that addresses pandemic preparedness, an integral feature of health literacy, currently exists. We aim to supplement existing efforts within the schools to encourage pandemic and disaster preparedness, as well as facilitate the development of supporting structures within the community.

While the Health Framework does not explicitly state how to accomplish many of its goals, leaving room for active interpretation by schools and communities, it does specify that effectively mobilizing schools to develop services for children and their families requires the collaboration of all parties.

*"A high degree of parent and **community involvement is essential to unifying and strengthening the components of a coordinated school health system... Parents, other family members, and representatives of the community... can be **linked to the coordinated school health system**... [B]ecause in some cases the health of children can***

*be improved only through direct services and support to families, the school-family-community linkages developed to support the coordinated school health system can be used to **provide school-linked services and support to families when needed.***"

(see **Education Code Section 8801** in the **Department of Education Regulations** section of the Appendix for legal backing)

To encourage local districts to adopt our strategy for community resiliency and health literacy, we will need the community and organizations within the community to help us test, perfect, and implement the plan. One organization very well suited to this task is the Parent Teacher Association, an organization that encompasses each party that we hope to incorporate into our resiliency plan: parents, teachers, and the community. With the support of the PTA in addition to local school districts and public health departments, we can improve upon and implement a pandemic influenza education and preparedness plan that will diminish the impact of a pandemic on communities and the schools that serve them.

Our strategy promotes collaboration by encouraging interaction between schools, resource and service providers, and voluntary community leaders in the fight against influenza. Only when schools, providers, and neighborhoods work together can a community remain resilient as resources are pulled from all sectors to help everyone in need. Our plan hopes to strengthen the connection between schools and the community to empower the community to support itself during a pandemic. Furthermore, our innovation allows for external organizations, such as the Parent Teacher Association, to also serve as links between schools and communities, thereby playing an integral role in protecting their families and communities.

Even the State Board of Education, which must approve all district plans, asserts the importance of collaboration by rejecting plans that do not involve the community, as illustrated in Section 51914 of the California Education Code:

Section 51914. *No plan shall be approved by the State Board of Education unless it determines that the plan was developed with the **active cooperation of parents, community, and teachers, in all stages of planning, approval, and implementation of the plan.***

Creating a Truly Comprehensive Health Education

In line with promoting comprehensive health education, several California Education Code sections call for health education and emergency preparedness and our plan fulfills many of these requirements, including but not limited to the following:

Comprehensive Health Education Act of 1977

Section 51890. *(a) For the purposes of this chapter, "comprehensive health education programs" are defined as all educational programs offered in kindergarten and grades 1 to 12, inclusive, in the public school system, including in-class and out-of-class activities designed to ensure that:*

(1) Pupils will receive instruction to aid them in making decisions in matters of personal, family, and community health, to include the following subjects:

*...(H) **Diseases and disorders, including sickle cell anemia and related genetic diseases and disorders.***

*...(J) **Community health.***

*(2) **To the maximum extent possible, the instruction in health is structured to provide comprehensive education in health that includes all the subjects in paragraph (1)...***

Currently, disease and community health education curricula do not include pandemic flu, yet it certainly belongs under both categories. To achieve a truly comprehensive health education, schools need to teach their students about pandemic flu and how to minimize its effects. We have devised such a curriculum.

Fulfilling the Requirement for Emergency Preparedness Plans

The California Code of Regulations stipulates that schools create emergency preparedness plans. However, it does not specify types of emergencies.

Section 560. *The governing board shall adopt a written policy for use by schools of the district in formulating individual civil defense and disaster preparedness plans.*

Certainly a pandemic qualifies as one such disaster. In accordance with this regulation, the California Department of Education has published a Pandemic Flu Checklist. Our strategy follows many of these guidelines and helps schools plan for an outbreak of pandemic influenza in a way that best serves the community.

Enlisting School Employees as Service Workers

In addition to requiring disaster preparedness plans, California law dictates that public employees help out during a disaster in Government Code Section 3100.

3100. *All public employees are declared to be disaster service workers for the protection of citizens' health, safety, lives, and property in the event of disasters brought about by natural, man-made, or war-caused emergencies.*

Government Code Section 3100 requires that all public employees—including school employees—become disaster service workers. This means that during a pandemic, when schools will most likely dismiss its students, school employees must work towards maintaining the health of the community. This permits the assignment of jobs our plan may have assigned to school employees during the pandemic. These jobs have been kept at a minimum, however, to ensure school employees have the time to fulfill other familial and governmental duties during the crisis.

*(More information from the Education Code can be found in the **Department of Education Regulations** section of the Appendix)*

What Have Schools Already Done?

While there is still a significant amount of work to be done in the arena of influenza preparedness, some schools have made positive progress. On May 17, 2007, the California Distance Learning Network broadcast a webcast to all public schools that promoted the importance of influenza preparedness. School nurses, administrators, and parents alike have taken on important roles in promoting influenza awareness. The Contra Costa County Office of Education, in particular, has worked for months preparing a "Pandemic Planning Kit" for use in schools in the event of a pandemic. As pandemic awareness increases and more schools look for strategies to confront the pandemic, we hope to provide them with a comprehensive, ready-to-implement plan that will address the needs of their communities.

Moving Forward

Our ultimate goal is for this strategy to be adopted and instituted by local (county, city, or township), state, or national departments of education and public health. Because schools are the central driving force of this innovation, administrators, teachers, and other school staff will need to be on board for this to work. Due to the priority of adhering to No Child Left Behind, many schools do not have the resources to take on this plan if it remains voluntary. However, by instituting a pandemic preparedness curriculum, local, state, or national departments of education ensure that no child is left behind during the pandemic as each school would be required to educate their students and facilitate the community resiliency plan.

The first step towards achieving this goal is to start a pilot program with one school or one school district. Working closely with the school or school district, PTA, and local public health department, we would like to implement the curriculum and community resiliency plan. Actually putting our plan into action will allow us to evaluate the effectiveness of each design variable and continue improving upon the design as we see what works and what does not. The pilot program will help us devise the best possible plan before taking the next step to implement it on a wider scale.

Conclusion

While individuals from various sectors have developed ideas to prepare the nation for an influenza pandemic, the very important topic of community resiliency is too often neglected. Fear and isolation are inevitable when social distancing goes into place, and the need for community connectedness during this time will be paramount to minimize loss of life from poor communication or misinformation. To neglect community resiliency when planning for the next pandemic is to allow the children of single mothers infected with the flu to go without care, to let households go for days without the supplies they need, and to let the infrastructure within a community crumble. Schools are found in all communities. By working through these institutions and utilizing the preexisting relationships between the school and parents, our plan empowers members of every community, even the more vulnerable ones, to support their neighbors and themselves. Our plan offers schools and parents the opportunity to ensure the health and safety not only of the children within schools but of the community as a whole.

Special Thanks to...

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Sheila Proctor, Acting Director, Public Health Nursing

Mark Smolarz, former CFO and COO, Baltimore City Public Schools

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Grattan Woodson, author, *Bird Flu Manual*

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Disaster Preparedness Sheet

Please list the contact information of a few local people who you would turn to for support in the event of a disaster (i.e. earthquake, hurricane, pandemic, etc.).

Name: _____	Street Address: _____	
City: _____	State: _____	Zip: _____
Phone: (____) _____	Email: _____	

Name: _____	Street Address: _____	
City: _____	State: _____	Zip: _____
Phone: (____) _____	Email: _____	

Name: _____	Street Address: _____	
City: _____	State: _____	Zip: _____
Phone: (____) _____	Email: _____	

Are there any individuals or families within the community that may need extra help should a disaster strike? If so, please include their name(s) and contact(s) :

Name: _____	Contact: _____
Name: _____	Contact: _____

Would you be interested learning more about how to help your community during a disaster?
(circle one):

YES NO

Day 1

- Outcomes:**
- The students will**
- Acquire knowledge about the spread and prevention of disease
 - Learn about the role of community in preventing the spread of disease
 - Prepare a disaster tool kit
 - Review family strategies for preventing the spread of a pandemic and strategies for mitigating a pandemic within the community.

Essential Questions: What can we do now to prevent the loss of life during a pandemic?
What can we do now to prevent the future spread of the pandemic?

Instructional Outcome (Write on board) Students will: Become knowledgeable on the potential causes and dangers of pandemic flu.
Discuss and engage in personal strategies for the next global pandemic.
Discuss and engage in familial and community strategies for the next pandemic.

-
- Lesson:**
1. *Begin a group project that explores pandemic preparedness through community resiliency and disaster preparedness kits*
 2. Once students are in groups, have students brainstorm the benefits of disaster preparedness. Have students discuss what materials go into a disaster preparedness kit.
 3. Have each student form a plan of how they will put together their family's disaster preparedness kit – encourage and guide students in regards to how they will come up with their materials – *send a letter to parents, reinforcing student desire to create a disaster preparedness kit.*
 4. Have each student discuss what materials they want in their kit and why – have the class provide feedback and suggestions for improvement.
 5. *Have students simulate a community resilience plan.*
 6. Have students adopt community roles within each group. Have students simulate the function of each role after they have formed networks.
 7. Have students form “community networks,” after the class discusses potential needs that may arise during a pandemic.
 8. Discuss as a class the importance of community resilience as a follow up to class exercises.
 9. *Discuss as a class, strategies for preventing the spread of disease.*
 10. Have students break into groups to continue this discussion.
 11. Give a lesson is good hygiene and hand washing, as well as strategies for making homemade masks.
 12. Assign for Homework the completion of a disaster preparedness kit/plan – *be sure to contact parents through a letter home/through the students.*
- EI
- EI
- EI

Assignments Have students, in collaboration with their parents, complete their disaster preparedness kit and plan.

Assessment(s)

Day 1 Notes

**Notes for Teacher
Preparation:**

Interaction is key!! Keep children involved in interactive activities when completing pandemic exercises.

**Notes for Student
Preparation:**

Enrichment:

Teacher Reflection

Dear Parents,

In light of the recent influenza outbreak overseas, we must take certain measures as a school and neighborhood community to prepare for a pandemic and ensure the health and safety of every individual. This letter will provide you and your family with basic information on how to prepare for the changes within the community that are likely to occur within the next few weeks.

While there is not yet pandemic flu of any kind in the United States, the World Health Organization has alerted public health leaders worldwide that a pandemic is imminent. In the event of a pandemic that reaches our community, all students will be dismissed from school, and public gatherings in general will be minimized to limit the spread of the illness. These changes may pose challenges for some families, so we propose the following methods to both limit the flu's spread and maintain a level of connectedness with your community:

- People who are sick should stay home from work or school and avoid other people until they have fully recovered.
- Contact friends and neighbors to form disaster support networks.
- Register to volunteer as a community leader.
- Teach your children to wash hands a lot with soap and water for 20 seconds. Be sure to set a good example by doing this yourself.
- Teach your children to cover coughs and sneezes with tissues or by coughing into the inside of the elbow. Be sure to set a good example by doing this yourself.
- Teach your children to stay at least six feet away from people who are sick.

Enclosed with this letter is a checklist to help families get ready for a pandemic flu outbreak. This information can also help your family get ready for any kind of emergency.

If you have questions, please contact your School Nurse or healthcare provider. You can call the school hotline: 1-###-###-####.

You can get more information from Contra Costa Health Services:

Visit online at <http://cchealth.org> or call the Health Emergency Information Line: 1-888-959-9911.

The federal government website with information on planning for individuals and families:

<http://www.pandemicflu.gov>

American Red Cross

<http://www.redcross.org>

Sincerely,

School Administrator

*some of this letter has been adapted from Contra Costa County's "Pandemic Flu Action Kit"

WHAT YOU SHOULD KNOW

As you have probably seen in the news, there have been outbreaks of pandemic influenza (flu) in countries around the world, and more recently, in the United States.

Pandemic flu is different from seasonal flu. It is a new flu virus for which most people do not have immunity (protection). It spreads very easily and rapidly from person to person, and has caused serious illness.

Outbreaks of pandemic flu around the world have already created public health emergencies. Even in the United States, many counties are facing this health crisis right now.

Schools have been dismissed. Public transportation has been limited. Air flights have been canceled. Many sick employees are not able to work, and many businesses and public services have to close or limit hours.

This disease is spreading, and it will soon reach our county. Santa Clara County Public Health Department is dedicated to helping you get through this crisis. **But most importantly, you must help yourselves and your neighbors.**

This pamphlet will show you how. It's simple. It's easy.



And it will go a long way to helping everyone get through this crisis.

Join the Neighborhood Block Response Team

Everyone on the block will need to help out in this health crisis. Hospitals and care centers will be very busy. Many stores will be closed. Finding food, water, health services, and other resources will be more difficult.

Volunteer some of your time to help connect resources from those who have it to those who need it. Help your neighbors find out which grocery stores are still open, or which care centers are still taking patients. Likewise, if you need the latest information, the other volunteers on the block are there for you. It's a team effort.

Here are the volunteer positions:



Block Resource Coordinators



***Food Coordinators** contact local stores, soup kitchens and churches, and organizations like the local Red Cross chapter. They find out where food and water is available, and pass along this information along to neighbors.



***Supply Coordinators** contact local organizations such as the Red Cross or the public health department. They find out if medical supplies (masks, gauze, thermometers...) are available, and pass along this information to neighbors.

Block Service Coordinators



***Medical Outreach Coordinators** contact the local hospitals and care centers to find out if there have openings, and pass this information along to neighbors.



***Community Service Coordinators** help organize neighbors who want to help out with supervising children, delivering food and water to the disabled, and many other invaluable tasks.



***Special Needs Coordinators** make a special effort to help those who are vulnerable (the elderly, the disabled, single households...) find what they need.

Gather Your Neighbors

Make a list of neighbors you can count on for support and their contact information. These could be next-door friends and the people across the street (or down the hall in the building). Also jot down a list of those who might need you for support. Don't forget the elderly, the disabled, and others who might need your help more than ever.

Neighbors I Can Rely On:

Name: _____ Contact: _____

Name: _____ Contact: _____

Name: _____ Contact: _____

Name: _____ Contact: _____

Name: _____ Contact: _____

Neighbors Who Might Need My Help:

Name: _____ Contact: _____

Name: _____ Contact: _____

Name: _____ Contact: _____

Name: _____ Contact: _____

Name: _____ Contact: _____

Next Steps

*Help us. Help your block. Help each other.
Send in your reply.*

Please send me more information about Community Community.

Help Your Neighborhood:

Name: _____
(Please print clearly)

Also send me more detailed information about these roles, including the number I can call later if I decide to volunteer. (check role you are interested in)

Street Address _____

Block Resource Coordinators **Block Service Coordinators**
 Health Coordinator Mental Health Coordinator
 Food Coordinator Community Service Coordinator
 Supply Coordinator Mother Hen Coordinator

Home Phone _____

Email _____

Preferred method (circle one): Postal/Mail Phone Email

Help Us Help You (check the options if they are true for you)

I do not have many neighbors I can count on for support. I might need some extra help.

I think some of my neighbors might need some extra help (list below, along with phone, email or address):

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____



Community Immunity

Community Leadership Guide

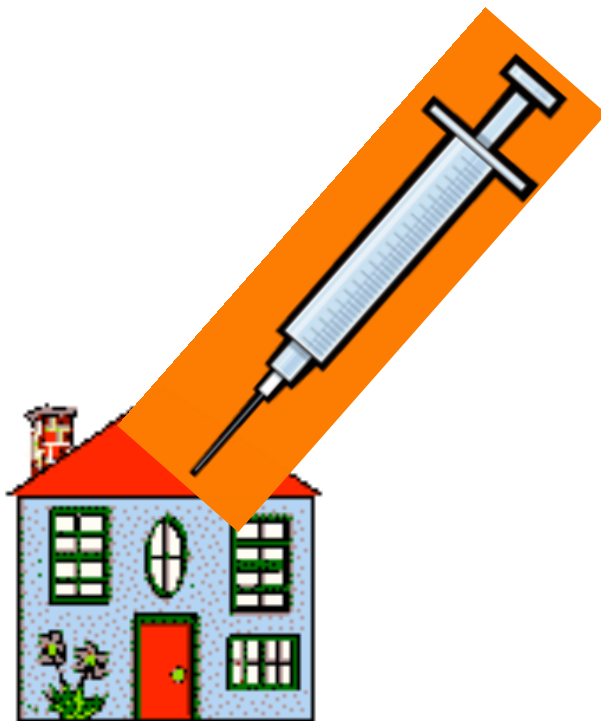


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Getting Started

Basic Information about the Pandemic

The H5N1 virus, or avian influenza, is a flu virus that currently transmits from bird to bird and rarely, from bird to human. If the current H5N1 virus or another influenza virus changes so that sustained human-to-human transmission occurs, this will signal the start of a pandemic. An influenza pandemic virus will rapidly spread among the human population, causing widespread illness and death. A pandemic could spread from Southeast Asia or Egypt all the way to your community.

In order to minimize virus transmission, the Centers for Disease Control and Prevention (CDC) recommends social distancing measures to reduce physical contact during a pandemic. Such social distancing measures include dismissal of students from schools, canceling large public gatherings, closure of public transportation systems, etc.

If a severe pandemic occurs in this country, many people will become ill and need medical care. However, hospitals and clinics will likely be overwhelmed with large numbers of patients, so except for those who are severely ill, most care will be provided in the home. This will require that you have most or all of the necessary supplies in your home. While many workplaces may remain open, it may be difficult to find food, supplies, and services for basic everyday needs. When trying to avoid contact with other, it may be difficult to acquire necessary resources and services during a pandemic.

The Need for Community Leaders

Because almost everyone will be susceptible to the virus, it is imperative to create immunity as a community. During a pandemic, many people may lack the resources and services they need to survive. With hospitals and health care providers overwhelmed, it will be up to community members to take care of themselves and each other. A community has everything it needs to survive, but it may require some coordination of resources and services. As a community coordinator, you can help your community help itself. Your neighbors need someone to turn to in time of need, and you will be that person.

Leadership Roles

Resources Coordinators

Food Coordinator: Food Coordinators keep in touch with the local public health department, which communicates with organizations that can provide food to the community, including but not exclusively the Red Cross, churches, grocery stores, and other food providers. Food Coordinators need to know who has food, where food is, and how community members can obtain this food.

Supply Coordinator: Supply Coordinators keep in touch with the local public health department, which communicates organizations that can provide everyday supplies, such as toiletries, diapers, cleaning supplies, plastic bags, etc., such as those mentioned above. Supply Coordinators need to know who has these supplies, where these supplies are, and how community members can obtain these supplies.

Services Coordinators

Medical Outreach Coordinator: Medical Outreach Coordinators act as liaisons between the community and medical services, connecting those in need with health care. By communicating with the local public health department, Medical Outreach Coordinators keep track of information for hospitals, clinics, pharmacies, and local triage centers, as well as who has medical supplies such as masks or vaccines, when available.

Community Services Coordinator: Community Services Coordinators connect people in need of services with community members willing to provide these services. The Community Services Coordinator would match those who cannot supervise their children with those who have indicated willingness to babysit, assign those willing to deliver goods to pick up for and deliver to those who cannot pick up goods themselves, and assign those willing to provide transportation for those who do have no means of transportation to drive these people to where they need to go.

Special Needs Coordinator: Special Needs Coordinators pay special attention to vulnerable individuals, such as the elderly, socioeconomically disadvantaged, disabled, and others who may have difficulty meeting their needs, in the community. Special Needs Coordinators consistently communicate with these vulnerable individuals to learn about their needs and ensure they receive the necessary support.

Responsibilities and Tasks

For All Community Leaders

As community leaders, members of your community will turn to you seeking services and resources. This guide will help you successfully fulfill your responsibilities.

Some basic tips for any situation:

- Stay calm. If someone calls you in a panic, try to help that person without instilling further fear.
- Be as friendly as possible, even if you are not in a good mood.
- If you feel you cannot attend to the caller's specific need, direct him to the appropriate contact who can help him. **Never say that you cannot help without telling the caller who can help.**

For Resources Coordinators

The procedure will be about the same for both Food and Supply Coordinators.

Locating Resources

You will need to keep track of where food or supplies are and how community members can access them. When you sign up to become a Resource Coordinator, your email address is added to an email list to which the public health department will send updates about resources providers and locations. If you do not have an email address or Internet access shuts down, you will need to call the local public health department (see *Contact Information*). When you call the public health department, do the following:

- Tell the public health official that you are a resource coordinator (specify food or supply) and which neighborhood you serve
- The public health official will give you the specific information about which organizations have food or supplies, the locations of the food or supplies, if delivery is available, and the current situation at the location of pick-up (in other words, what social distancing measures are being taken there).
- Write down the information the public health official gives you in the *Resources Chart* provided in *Appendix A* so that you are fully able and ready to tell any community member where and how they can obtain food and supplies; keep this in a safe place.

Occasionally, you may need to call one or some of the following organizations (see *Contact Information*) if the public health department does not have the most up-to-date information or to check up on specific items:

- Red Cross

- Local houses of worship and faith-based organizations
- Community centers
- Grocery and convenience stores

When you call these organizations, you should ask the following questions:

- What food/supplies do you have? **OR, if only specific items are needed:** Do you have (insert needed items here)?
- What food/supplies have you run out of?
- How can the community access these supplies?
- Are you going to deliver?
 - If the answer is **yes**: can I give you the names and addresses of people who need food/supplies?
 - If the answer is **yes**: provide the names and addresses of **those who have requested food/supplies** and **list the specific items that were requested by each person**.
 - If the answer is **no**: kindly explain what items your community needs and how urgent the need is, but do not be pushy. There could be a shortage of supplies, so these organizations might already have determined distribution.
 - If the answer is **no**:
 - When can people come to pick up food/supplies?
 - What measures are you taking to prevent physical contact that people coming to pick up food/supplies should be aware of? (*for example, a drive-through set-up*)
- Thank the resource provider representative for his help. It is important to maintain friendly relationships with the resource providers.

Locating Need

You need to connect community members to the resources. Your contact information, including your phone number and email address, will be distributed to the community members you serve specifically. You should expect many of these community members to call you seeking help. A list of these community members is provided at the end of this guide.

When someone calls, ask the following:

- Who is calling? It is important to know which community member you are speaking with.
- What do you need?
 - If you know where the requested items are available, give them the following information:
 - Which organization has the needed supplies
 - How the caller can access these supplies
 - *Delivery* – give the caller the phone number of the organization so that he can tell the organization his address, or ask the caller for his address so that you can call the organization and give them the requested items and address.

- *Pick-up* – tell the caller exactly where they can pick up the resources they need. If any particular social distancing measures, such as a drive-through or protective window with no entrance to the building, are in place, tell the caller so that he knows what to expect and behaves accordingly.
- If you do not know where the requested items are available:
 - Direct the caller to someone else who might know
 - Promise to call back in a few minutes. Call the public health department or the resource providers until you find the requested items (use the script in the above section). Then, call the caller back with the necessary information.
- If the caller asks for a need a different community leader provides, direct the caller to the correct community leader.

For Services Coordinators

For Medical Outreach Coordinators

People will call you in need of medical help. Your contact information, including your phone number and email address, will be distributed to the community members you serve specifically. A list of these community members is provided at the end of this guide.

Many callers may be dealing with an infected person in their homes or may be sick themselves. Therefore, this leadership position can be particularly stressful, and if for any reason you feel overwhelmed, please seek help by calling a mental health professional (see *Contact Information*).

Under no circumstances should you give medical or health-related advice. This could lead to liability issues, and you could be sued. Your role is simply to connect callers to professionals who are qualified to help them.

When you receive a call, it is crucial that you speak gently and be as understanding as possible, for your callers will likely feel under stress. During a call, please ask the following:

- Who is calling? It is important to know which community member you are speaking with.
- What do you need?
 - If the answer is **medicine** or **medical supplies**:
 - Tell the caller where medicine/medical supplies are available and how to access these medicine/medical supplies (see *Locating Resources* under *For Resources Coordinators*, above, to learn how to locate and obtain medical supplies; if the public health department does not have up-to-date information, call various pharmacies and health clinics instead of the organizations listed in that section)
 - If no medicine/medical supplies are available:
 - Give the caller phone numbers for a few health clinics that could give him non-medical advice to deal with the situation (**NOTE: Do NOT**

give any caller medical or health-related advice. This could lead to liability issues).

- Assure the caller that you will call him back as soon as you find available medicine/medical supplies, and then call him back when you do find the requested item
- If the answer is **a doctor/medical professional**: give the caller phone numbers for several doctors and medical professionals in the area, just in case one or more of them is busy or unavailable.
- If the answer is **a hospital/health clinic**: give the caller phone numbers for several hospitals and health clinics, just in case one or more of them is overwhelmed. If you know the status of a hospital or health clinic (for example, that one is no longer admitting patients), pass this information along to the caller. If hospitals and health clinics are overwhelmed and a triage center is set up, give the caller the triage information.
- If the answer is along the lines of “**someone in my house is sick, and I don’t know what to do!**”:
 - **Do NOT try to diagnose the patient. Do NOT give any advice.**
 - Give the caller the phone numbers of several medical professionals and health clinics so that he can seek professional help and take appropriate action.
- If the caller asks for a need a different community leader provides, direct the caller to the correct community leader.

Community Services Coordinator

Your phone number will be distributed to your neighborhood, and your neighbors will call you either to volunteer for specific services (such as childcare, delivery, and transportation) or to request a service they need.

When you receive a phone call, ask the following:

- Who is calling? It is important to know which community member you are speaking with.
- Do you want to volunteer, or do you need help?
 - If the answer is **volunteer**, go to *Enlisting Volunteers*.
 - If the answer is **need help**, go to *Meeting Needs*.

Enlisting Volunteers

- Do you know what type of service you would like to volunteer for?
 - If the answer is **yes**: what type of service would you like to volunteer for?
 - On the *Volunteer Chart* provided in *Appendix B*, write down the person’s name and phone number on the page designated for the service for which the caller would like to volunteer.
 - If the answer is **no**: describe each service so that the caller can choose one to volunteer for.
 - Childcare: You would take care of children whose parents are unavailable to take care of them.

- Delivery: You would pick up items and deliver them to those who cannot pick up these items themselves.
- Transportation: You would drive people who have no means of transportation to places they need to go.
- Which would you like to volunteer for?
 - On the *Volunteer Chart* provided in *Appendix B*, write down the person's name and phone number on the page designated for the service for which the caller would like to volunteer.
- When are you available to volunteer?
 - On the *Volunteer Chart*, write down the person's availability.
- Thank them for their time and generosity.

Meeting Needs

- What do you need?
 - If the answer is **childcare**: What dates and times do you need a babysitter?
 - Look at the chart of volunteers, and see who is available at the requested times.
 - If no one is available, suggest a similar time when someone is (for example, if a babysitter is needed at 9:00am and no one is available until 10:00am, suggest that the caller wait the extra hour).
 - Once you match times and volunteers, give the caller the phone number for the volunteer who is available to provide childcare.
 - On the chart provided in the appendix, write down the dates of volunteering next to the volunteer's name so that you do not accidentally double-book a volunteer.
 - If the answer is **delivery**: What dates and times do you need the delivery?
 - Look at the chart of volunteers, and see who is available at the requested time.
 - If no one is available, suggest a similar time when someone is (for example, if a delivery is needed at 9:00am and no one is available until 10:00am, suggest that the caller wait the extra hour).
 - Once you match times and volunteers, give the caller the phone number for the volunteer who is available to provide the delivery.
 - On the chart provided in the appendix, write down the dates of volunteering next to the volunteer's name so that you do not accidentally double-book a volunteer.
 - If the answer is **transportation**: What dates and times do you need transportation?
 - Look at the chart of volunteers, and see who is available at the requested time.
 - If no one is available, suggest a similar time when someone is (for example, if transportation is needed at 9:00am and no one is available until 10:00am, suggest that the caller wait the extra hour).
 - Once you match times and volunteers, give the caller the phone number for the volunteer who is available to provide the transportation.
 - On the chart provided in the appendix, write down the dates of volunteering next to the volunteer's name so that you do not accidentally double-book a volunteer.

- If the caller asks for a need a different community leader provides, direct the caller to the correct community leader.

Special Needs Coordinator

You will need to call the people identified as vulnerable. The list is provided in the *The Community You Serve*. You will check up on them on a regular basis, about once a week. Obtain the contact information for a list of vulnerable people and a list of people willing to communicate with and assist a vulnerable household by requesting it from your local public health department. This information is not provided in this packet to protect their privacy.

While talking to a vulnerable person on the phone, do the following:

- Introduce yourself and explain your role and how you can help him (the **first call** only).
- Ask how he is doing and if he needs anything.
 - If he needs something, give him the phone number for the appropriate coordinator.
 - If he does not need anything or after you give him the information, ask him if he has a list of people he is communicating with on a regular basis to support each other.
 - If so, thank him for his time, remind him that you are available to receive calls if he needs help, and end the call.
 - If not, tell him the importance of having someone to communicate with, and ask him if he has people he trusts and could turn to for help.
 - If he does have people he trusts, encourage him to make a list of these people and establish regular communication.
 - If he does not, tell him that you have a list of people willing to reach out to him, and ask if he would be interested in communicating with one of these people — If he accepts, give him the contact information for a person willing to help who lives nearby. Then, call that person and inform him of the vulnerable individual he will be helping and provide the contact information.

If you can no longer fulfill your duties

If for any reason you feel you can no longer fulfill your duties—you become sick, a family member becomes sick, or you simply feel overwhelmed and no longer want to do the job—do not feel guilty relinquishing your role. You should feel content that you helped your neighborhood for as long as you did.

To end volunteering, call the local public health department with which you volunteered and inform an official that you can no longer fulfill your role (and tell them which role you had). You are not required to tell the public health department why you are giving up your position, because your privacy must be respected. You do not need to worry about finding a replacement for yourself; the public health department is responsible for the recruitment of volunteers.

Contact Information

For All Community Leaders

Community Leaders

Food Coordinators

Name (###) ###-####

Name (###) ###-####

Supply Coordinators

Name (###) ###-####

Name (###) ###-####

Medical Outreach Coordinators

Name (###) ###-####

Name (###) ###-####

Community Services Coordinators

Name (###) ###-####

Name (###) ###-####

Special Needs Coordinators

Name (###) ###-####

Name (###) ###-####

Local Public Health Department

Specific contact for community leaders (###) ###-####

(###) ###-####

Schools

Name of Elementary School (###) ###-####

Specific contact for community leaders (###) ###-####

Name of Junior High/Middle School (###) ###-####

Specific contact for community leaders (###) ###-####

Name of High School (###) ###-####

Specific contact for community leaders (###) ###-####

Community Centers

Name of Community Center (###) ###-####

Name of Community Center (###) ###-####

Houses of Worship

Name of Church (###) ###-####

Name of Synagogue (###) ###-####

Name of Mosque (###) ###-####

Name of Temple (###) ###-####

Mental Health Professionals

NOTE: Do not hesitate to call for even the smallest emotional or mental issues. Calling for help does not mean you are clinically insane! The jobs you are taking on can be stressful at times, and it is important to maintain your health. Even if you do not think you have any problems and simply want to vent, feel free to call a mental health professional.

Name of Psychiatric Clinic (###) ###-####
Name of Psychologist/Psychiatrist/Counselor (###) ###-####
Name of Psychologist/Psychiatrist/Counselor (###) ###-####

For Resource Coordinators

Red Cross (###) ###-####
Salvation Army (###) ###-####
Houses of Worship (see above)
Community Centers (see above)

Grocery and Convenience Stores

Name of Grocery Store (###) ###-####
Name of Grocery Store (###) ###-####
Name of Convenience Store (###) ###-####

For Services Coordinators

For Medical Outreach Coordinators

Hospitals

Name of Hospital (###) ###-####
Name of Hospital (###) ###-####

Health Clinics

Name of Health Clinic (###) ###-####
Name of Health Clinic (###) ###-####
Name of Health Clinic (###) ###-####

Pharmacies

Name of Pharmacy (###) ###-####
Name of Pharmacy (###) ###-####

Doctors in Private Practice

Name of Doctor (###) ###-####
Name of Doctor (###) ###-####
Name of Doctor (###) ###-####
Name of Doctor (###) ###-####

The Community You Serve

Below are the names of individuals and heads of the families from which you should expect phone calls.

Name
Name
Name
Name

Below are the names of individuals and heads of the families identified as vulnerable. This means they will have difficulty obtaining help, for reasons of disability, old age, socioeconomic disadvantage, or simply do not belong to a network.

Name
Name
Name

Department of Education Regulations

HEALTH FRAMEWORK FOR CALIFORNIA PUBLIC SCHOOLS

Coordinated School Health System

“Parents and the community are involved in a variety of roles in the school, ranging from **occasional volunteering to active, meaningful leadership on school committees**. Parent and **community involvement**, health promotion for staff, and a safe and healthy school environment all contribute to developing a schoolwide commitment to health. **Each of these components should be developed and supported as a necessary part of the coordinated school health system**. Together, the components of a coordinated school health system empower students to develop and apply knowledge and skills leading to healthy choices and lifelong good health. **This system provides the school and community with a sound approach for preventing health problems when possible and dealing with them in a systematic way when they do occur**. When a **well-designed curriculum** and a **supporting structure** are available, the goal of health literacy for all children is realistic and achievable.” (page 14)

Effective Implementation

- *Create a common vision*
- *Provide strong administrative support* – “The **commitment of school and school district leaders is the key to building an effective program**... combine existing health policies into one comprehensive policy that **contains the vision, goals, and policies and procedures for implementation and enforcement**”
- *Ensure sufficient time for health education*
- *Encourage broad-based involvement* could include the following:
 - *Forming a school-site health team or health committee* – “This group can have responsibility for guiding the process, including planning, coordinating parent and community involvement, developing curriculum, and implementing program components consistently”
 - *Fostering parent and community involvement* – “process of developing a consensus about **community needs and wants** regarding a coordinated school health system should be **continuing, open, and responsive**”
 - *Providing mechanisms for effective coordination, collaboration, and communication* – “Designating a staff member to **coordinate activities and facilitate communication** among the various participants [including but not limited to all school staff, parents, community members, community organizations, etc.] helps ensure that these critical activities are handled effectively”
- *Identify resources for program support* – “The organizers and coordinators of school-based programs should look to community health and human-service providers for available resources and find ways to **create linkages between those resources and the school**. Such linkages can enhance an effective coordinated school health system. **Only through the collaborative efforts of school personnel, parents, and community**

agencies and representatives will most schools be able to assist students and their families in obtaining needed health, mental health, social, and other support services, ranging from basic food, clothing, and housing programs to child-care and recreational programs.”

“...Although planning and implementation will take time and thoughtful effort, **a coordinated school health system can be achieved when families, communities, and schools work together** and make the health of children and youths a priority.” (pages 35 – 39)

Involvement of the School, the Family, and the Community

“A high degree of parent and **community involvement is essential to unifying and strengthening the components of a coordinated school health system.** Parent and community involvement should be encouraged from the earliest stages of program planning and conceptualization and should be cultivated as programs continue and expand. Parents, other family members, and **representatives of the community**, including representatives of community agencies and organizations that provide health-related services, can be **linked to the coordinated school health system.**” (page 193)

“The community can also be involved in many different approaches to promoting a safe and healthy school environment. Above all, students should be encouraged to see the connections between all aspects of the environment, both in and out of school, and their own and others’ health. Students should experience ways to **give back to the community.** For example, they can experience the satisfaction of helping others [by doing community service]... The **school can communicate regularly about safety-related concerns with local emergency services agencies, law-enforcement agencies, fire-protection districts, and community-based organizations** that can provide adults and students with training in such techniques as first aid and cardiopulmonary resuscitation ...because in some cases the health of children can be improved only through direct services and support to families, the school-family-community linkages developed to support the coordinated school health system can be used to **provide school-linked services and support to families when needed.**” (page 194)

CALIFORNIA EDUCATION CODE

PART 2. COUNTY EDUCATIONAL AGENCIES

CHAPTER 6. COUNTY SCHOOL SERVICE FUND PROGRAMS AND SERVICES

ARTICLE 6. SUPERVISION OF HEALTH

1750. *The county superintendent of schools may, with the **approval of the county board of education**, employ one or more **supervisors of health**, as supervisors of health are defined in Section 49420, to provide health services to pupils in elementary school districts under his jurisdiction...*

1751. *In lieu of employing supervisors of health, the county superintendent of schools may, with the approval of the county board of education, contract with the board of supervisors of the county in which he holds office, or with any **local health district** located wholly or partially*

within such county, for the provision of health services by employees of the county health department or local health district to pupils in the school districts specified in Section 1750.

1752. *The county superintendent of schools may, with the approval of the county board of education, enter into an agreement with the governing board of any school district under his jurisdiction for the provision of **any or all health services to the district by the county superintendent of schools**. The agreement shall provide for the **payment of the cost of providing the services**. The county superintendent of schools shall transfer from the funds of the district to the county school service fund the amounts set forth in the agreement.*

...

1754. *A supervisor of health employed by the county superintendent of schools shall perform such duties in connection with the **supervision of health of pupils as are prescribed by the county superintendent of schools**. All rules governing health services provided pursuant to Sections 1750, 1751, or 1752 shall be made by the county superintendent of schools.*

PART 6. EDUCATION PROGRAMS – STATE MASTER PLANS
CHAPTER 5. HEALTHY START SUPPORT SERVICES FOR CHILDREN ACT
ARTICLE 1. GENERAL PROVISIONS AND DEFINITIONS

8801. *...Services to children and their families can be most effectively provided through **consortia which include schools, other health and human service providers, parents, and community groups**. **Collaboration is necessary and more effective because the goals of school and community services are interdependent**; fragmentation of existing state and local services otherwise inhibits their effectiveness; and community-based services offer resources and competence that schools do not have. Both the state and counties must develop policies and incentives to improve **collaboration at the local level**.*

(f) Therefore, it is the intent of the Legislature that by implementing the Healthy Start Support Services for Children Act, children in need of assistance to overcome the barriers to healthy, productive lives be given assistance in all of the following ways:

... (2) *By **fostering interagency collaboration and communication at the local level** to more efficiently and effectively deliver human support services to children and their families.*

... (3) *By encouraging the full use of **existing agencies, professional personnel, and public and private funds** to ensure that children are ready and able to learn, and to prevent duplication of services and unnecessary expenditures.*

... (4) *By encouraging the development of a **local interagency oversight mechanism** that includes a records system to evaluate cost and effectiveness, and the development of a process of self-assessment of those records and the way in which they are used, to improve the effectiveness of services.*

PART 21. LOCAL EDUCATIONAL AGENCIES
CHAPTER 2. GOVERNING BOARDS
ARTICLE 10.5 EARTHQUAKE EMERGENCY PROCEDURES

...**35297.** *The earthquake emergency procedure system shall include, but not be limited to, all of the following:*

(a) A school building disaster plan, ready for implementation at any time, for maintaining the safety and care of students and staffs...

PART 28. GENERAL INSTRUCTIONAL PROGRAMS
CHAPTER 2. REQUIRED COURSES OF STUDY
ARTICLE 2. COURSE OF STUDY, GRADES 1 TO 6

51210. *The adopted course of study for grades 1 to 6, inclusive, shall include instruction, beginning in grade 1 and continuing through grade 6, in the following areas of study:
... (f) Health, including instruction in the principles and practices of individual, family, and community health.*

51210.8. *(a) On or before March 1, 2008, based on recommendations of the Superintendent, the State Board of Education shall adopt **content standards in the curriculum area of health education.***

CHAPTER 5.5 COMPREHENSIVE HEALTH EDUCATION
(Comprehensive Health Education Act of 1977)

ARTICLE 1. GENERAL

51881. *The Legislature finds and declares that although many of the communicable diseases and environmental hazards which plagued earlier generations have been controlled, major health problems and hazards are prevalent among today's school-age children and youth... The Legislature finds and declares that an adequate health education program in the public schools is essential to continued progress and improvement in the quality of public health in this state, and the Legislature further believes that comprehensive health education, taught by properly trained persons, is effective in the **prevention of disease and disability.** It is further the intent of the Legislature that, to the maximum extent possible, the present state-funded projects in the school health unit of the Department of Education shall be redirected to carrying out the provisions of this chapter and **maximum use shall be made of existing state and federal funds in the implementation of comprehensive health education.***

ARTICLE 2. DEFINITIONS

51890. *(a) For the purposes of this chapter, "comprehensive health education programs" are defined as all educational programs offered in kindergarten and grades 1 to 12, inclusive, in the public school system, including in-class and out-of-class activities designed to ensure that:*

(1) Pupils will receive instruction to aid them in making decisions in matters of personal, family, and community health, to include the following subjects:

*... (H) **Diseases** and disorders, including sickle cell anemia and related genetic diseases and disorders.*

*... (J) **Community health.***

*(2) **To the maximum extent possible,** the instruction in health is structured to provide comprehensive education in health that includes all the subjects in paragraph (1).*

(3) *The community actively participates in the teaching of health including classroom participation by practicing professional health and safety personnel in the community.*

(4) *Pupils gain appreciation for the importance and value of lifelong health and the need for each individual to take responsibility for his or her own health.*

(5) *School districts may voluntarily provide pupils with instruction on preventative health care, including obesity and diabetes prevention through nutrition education...*

51891. *As used in this chapter,. "community participation" means the active participation in the planning, implementation, and evaluation of comprehensive health education by parents, professional practicing health care and public safety personnel, and public and private health care and service agencies.*

ARTICLE 3. DEPARTMENT OF EDUCATION

51900. *The department shall prepare and distribute to school districts guidelines for the preparation of comprehensive health education plans, and, in cooperation with those county offices of education which desire to participate, assist school districts in developing comprehensive health education plans and programs. For this purpose, the department shall assume the following functions and carry out the following duties:*

(a) *Assist in the **development of model curricula** for the public schools for comprehensive health education programs consistent with the provisions and intent of approved district comprehensive health education plans.*

(b) *Identify **innovative teaching methods** for the instruction in health in the public schools.*

(c) *With the cooperation and assistance of the State Department of Health, develop methods of evaluating the effectiveness of instruction in health.*

(d) *Develop **model instructional materials** for comprehensive health education courses and make these materials available to local school districts.*

(e) *In cooperation with the Commission on Teacher Credentialing, assist teacher training institutions in development of courses on comprehensive health education.*

(f) *Assist in the development of **adult education programs** which include **parents, students, and community health agencies and personnel.***

(g) *With the cooperation of, and assistance of, the qualified instructional staffs of state-supported public institutions of higher education, develop and establish a health education training program for public school teachers and administrators to provide in-service training at the local district or regional level.*

51901. *The Department of Education shall be responsible for the **preparation and distribution of health education materials** and for providing assistance for in-service teaching programs carried out with districts that have plans approved pursuant to Section 51911.*

ARTICLE 4. COMPREHENSIVE HEALTH EDUCATION PLANS

51911. *Approval of district plans shall be made **in accordance with rules and regulations adopted by the State Board of Education.***

51913. *The plan for a comprehensive health education program shall include a statement setting forth the district's educational program for health education on a districtwide basis. The State Board of Education shall establish standards and criteria to be used in the evaluation of plans submitted by school districts. **The standards and criteria for review and approval of plans by the State Board of Education shall include, but not be limited to, provision for:***

(a) Assessment of the health educational needs of the pupils.

*(b) **Defined and measurable program objectives and methods of assessing the effectiveness of the program.***

(c) Coordination of all district resources with the objectives of the plan.

*(d) **Utilization of health care professionals** representing, at the school district's **option**, the varied fields of health care, including **voluntary collaborations** with managed health care and health care providers; local public and private health, safety, and community service agencies; and other appropriate **community resources in the development and implementation of the plan.***

*(e) Direct participation of health care professionals representing, at the school district's **option**, the varied fields of health care, including **voluntary collaborations** with managed health care, health care providers, and local public and private health, safety, and community service agencies in the course evaluation.*

(f) Staff development and in-service training.

*(g) **Evaluation of the program** by the governing board of the school district with the assistance of administrators, teachers, parents, pupils, and participants in the program from the community.*

51914. *No plan shall be approved by the State Board of Education unless it determines that the plan was developed with the active cooperation of parents, community, and teachers, in all stages of planning, approval, and implementation of the plan.*

51915. *In the development of a plan for a comprehensive health education program, the governing board of a school district may include in such plan **the employment of the following as resource persons**, with or without compensation: (a) licensed physicians and surgeons, school or public health nurses, county health officers, optometrists, dentists, and other persons licensed by the state to practice in allied health professions, and other persons recognized by the governing board as being experts in the health sciences.*

CALIFORNIA CODE OF REGULATIONS

TITLE 5. EDUCATION

DIVISION 1. DEPARTMENT OF EDUCATION

CHAPTER 2. PUPILS

SUBCHAPTER 3. HEALTH AND SAFETY OF PUPILS

SECTION 560. Civil Defense and Disaster Preparedness Plans

“The governing board shall adopt a **written policy** for use by schools of the district in formulating individual civil defense and **disaster preparedness plans.**”