


Center for School, Health and Education

Public Health Capacity Building Assistance for SBHC Leaders
A CDC Funded Learning Series


Module II – Using Population Health Data to Inform Integrated Practice



Population Needs through Data Analysis



Presented by
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Director

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Guiding Questions

- ❑ What is the value of school-wide need assessments and analyses?
- ❑ What are the critical issues to think about when implementing a school-wide needs assessment?
- ❑ How can the student population and school personnel be helpful in the analysis?

Essential Public Health Services in SBHCs

PUBLIC HEALTH	SCHOOL-BASED HEALTH CENTERS
<p>1 Monitor health status to identify & solve community health problems</p>	<p>Conduct school-wide needs assessments (YRBSS, RAAPS-PH)</p>
<p>2 Diagnose & investigate health problems & health hazards in the community</p>	<p>Analyze/review data from sources to identify social, educational, environmental, psychological, and physical health trends/issues from school as it relates to dropout</p>
<p>3 Inform, educate, & empower people about health issues</p>	<p>Conduct school-wide health education sessions to engage students in health promotion activities (health fairs, clinic screenings)</p>
<p>4 Mobilize community partnerships & action to identify & solve health problems</p>	<p>Partner with local and non-local stakeholders to address health and educational issues identified (establish social services within school)</p>
<p>5 Develop policies & plans that support individual & community health efforts</p>	<p>Project coordinator within school to orchestrate school-wide prevention & intervention plans</p>
<p>6 Enforce laws & regulations that protect health & ensure safety</p>	<p>Establish policy to incorporate pregnancy prevention in all health education instruction for 9th graders</p>



Examples of Essential Public Health Services in SBHCs

PUBLIC HEALTH

7 Link people to needed personal health services & assure the provision of health care when otherwise unavailable

8 Assure competent public & personal health care workforce

9 Evaluate effectiveness, accessibility, & quality of personal & population based health services

10 Research for new insights & innovative solutions to health problems

SCHOOL-BASED HEALTH CENTERS

Help students navigate in school resources (SBHC and social services)

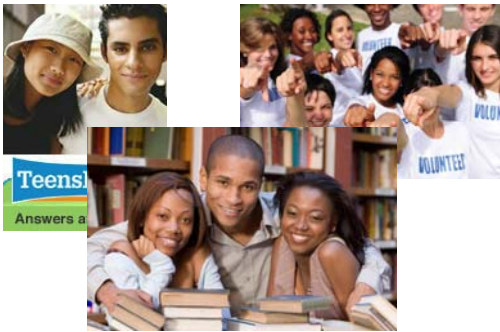
Online and in-person competencies-based public health capacity development activities for SBHC leaders

Investigate outcomes, impact, and lessons learned (students' perceptions about impact of school-wide, comprehensive services)

CSHE conducts review of literature for practice-based prevention in schools to guide SBHC leaders



Factors that Affect Health & Educational Success



CDC Factors that Affect POPULATION HEALTH

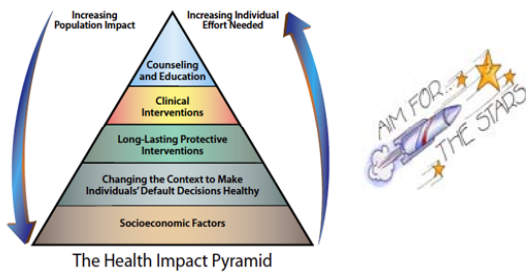
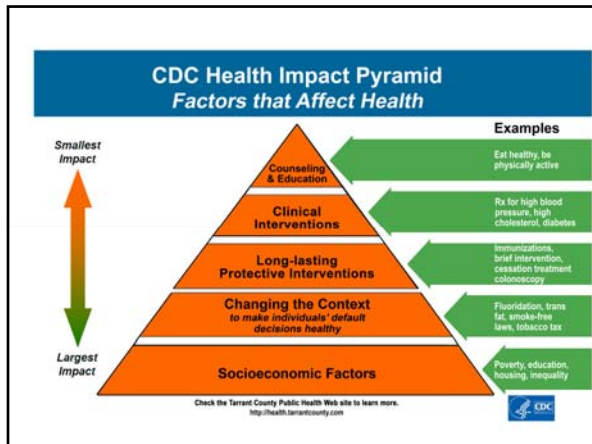
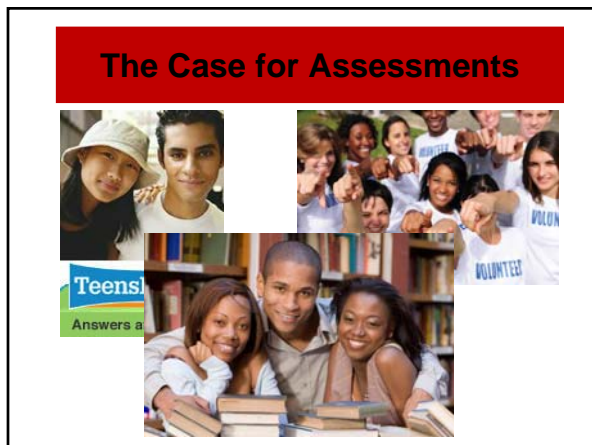


Table 1







School-Wide Assessments POPULATION HEALTH

- Social Determinants of Health AND Educational Success
- Confidential, Safe, Expedient, Language, Literacy, Reliable, Valid = Youth Tested!
- Recognizes Normative Behaviors
- Examine Trends Across Populations AND with Specificity such as Gender and Age/Grade
- Informs and Engages School Leadership
- Engages Students in Response

Assessment of Social Factors?

- | | |
|--|---|
| <ul style="list-style-type: none">✓ Homelessness✓ Intermittent electricity✓ Intermittent running water✓ Hunger✓ Literacy | <ul style="list-style-type: none">✓ Caregiving responsibilities✓ Grades✓ Abusive dating situation✓ Asthma? |
|--|---|



Examples of Assessments

- Individual Level
 - ✓ GAPS (American Medical Association)
 - ✓ Bright Futures (American Academy of Pediatrics)
 - ✓ RAAPS (Rapid Assessment for Adolescent Preventive Services)
- Population Level (School-wide)
 - ✓ YRBSS (Youth Risk Behavior Surveillance System)
 - ✓ **RAAPS, RAAPS-PH**



Example of Findings YRBSS, 2011

- | | |
|--|--|
| <ul style="list-style-type: none">• Female/Male<ul style="list-style-type: none">✓ 22.1/10.8 bullied electronically✓ 15.1/10.6 did not use any method to prevent pregnancy✓ 35.9/21.5 felt sad or hopeless✓ 18.1/26.0 drank or used drugs before last sex | <ul style="list-style-type: none">• Blacks<Whites<ul style="list-style-type: none">✓ 5.3/12.0 ever smoked cigarettes daily✓ 63.5/71.7 at least 1 drink of alcohol• Whites<Blacks<ul style="list-style-type: none">✓ 36.5/10.5 tried marijuana before age 13✓ 3.9/13.9 had sex before age 13 |
|--|--|



Significance of Assessments on Social and Environmental Factors

Middle School

- 17% had sex/18% unsafe
- 30% sad or nothing to look forward to
- 24% carried a weapon
- 46% got in trouble because of anger
- 35% missed school for work, transport or care
- 34% earned less than a C in one or more classes

High School

- 51% had sex/25% unsafe
- 39% missed school for work, transport or care
- 35% carried a weapon
- 32% felt sad or hopeless
- 28% got in trouble because of anger
- 21% smoked marijuana or other street drugs
- 32% earned less than a C in all classes



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Youth Voices




POPULATION HEALTH & EQUITY

*“Schools are the only institutions that can reach nearly all youth. They are in a unique position to improve both the education and health status of young people throughout the nation” .
(Fisher 2003)*




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Frederick Douglass



"It is easier to build strong children than to repair broken men."

Primary Care **PLUS** Public Health – Populations of Strong, Healthy, Educated, Children and Adolescents




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Thank You!!




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Terri Wright is the Director of the Center for School, Health and Education (CSHE) and the Center for Public Health Policy at the American Public Health Association (APHA). For CSHE, she provides leadership to the strategic development and integration of public health in school-based health care and education.

Prior to joining APHA in 2010, she served as a program director for health policy for the W. K. Kellogg Foundation in MI for 12 years. In that capacity, Terri developed and revised the Foundation's health programming priorities and initiatives, evaluated and recommended proposals for funding, and administered national initiatives. She also assisted in public policy analysis and related policy program development, as well as provided leadership to the Foundation's school-based health care policy program.

Previously, Terri was Maternal and Child Health Director and Bureau Chief for Child and Family Services at the Michigan Department of Community Health. In that role, she managed policy, programs and resources with the goal of reducing preventable maternal, infant, and child morbidity and mortality through policy and programming.

Terri has been a champion of the public's health for over 30 years. She received her undergraduate degree in community and school health, as well as her New York State certification in secondary school education from the City University of New York. Terri obtained her master of public health in health policy and administration and doctor of philosophy in public health from the University of Michigan.

Terri takes an active leadership role in several professional associations including the Institute of Medicine's Roundtable on the Promotion of Health Equity and the Elimination of Health Disparities.

