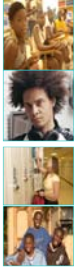



Center for School, Health and Education

A Program to Improve Graduation by Integrating Public Health Prevention and Primary Care in Schools
A learning series developed with funding from the CDC



Developing the Action Plan



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Guiding Questions


- What are the priority issues in my school?
- How can I use the action plan to respond to these issues




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School, SBHC, & Contextual Information


- School and SBHC information
- School records reviewed
- Policies/practices reviewed (i.e., school breakfast, discipline) *Examination of policies can be at any or all of the following levels: clinic, school, district, state, federal*
- Other Information (e.g., YRBSS, community characteristics, free/reduced lunch)




 **Assessment, Analysis & Synthesis**

Assessment:
[Enter Date & Any Comments]


- RAAPS-PH or RAAPS-OCPH
- Alternate assessment (if applicable)
- Youth Discussion Groups




 **Assessment, Analysis & Synthesis**

Summary of Key Findings:


- Indicate the health and educational risks as they pertain the priority areas you have identified.
- Indicate the social determinants of those risks
- Provide quantitative data (percent) and qualitative observations about each.




 **Priority Findings & Approaches**

Strategic Approaches to Address Priority Findings:

- 3 level strategy (clinical, school-wide primary prevention, systems)
- Objectives
- Evaluation indicators
- Partners
- Key personnel responsible
- Timeline







Priority Findings & Approaches

Priority Findings to Address:
 Sample Findings 1: 15% of upper elementary aged students are found to worry and feel sad (an additional 8% have consumed alcohol and marijuana)

- Based upon the findings indicated in the analysis tab, identify the top 3 priorities for action
- For example:
 - Priority 1: Address worry and sadness
 - Priority 2: Address substance use
 - Priority 3: N/A







Priority Findings & Approaches

Priority Findings to Address:
 Sample Findings 1: 15% of upper elementary aged students are found to worry and feel sad (an additional 8% have consumed alcohol and marijuana)

- Describe the expected outcomes desired by the action for each of the priorities
- For example:
 - Overall goal 1 – Prevalence of worry and sadness decreases at next assessment date
 - Overall goal 2 - Prevalence of substance use decreases at next assessment date
 - Overall goal 3: – N/A







Priority Findings & Approaches

Priority Findings to Address:
 Sample Findings 2: 45% of high school students indicate that they do not have enough food to eat. 80% are found to not eat fruits and vegetables everyday (6% are homeless and 15% indicate no opportunities to exercise after school).

- Based upon the findings indicated in the analysis tab, identify the top 3 priorities for action
- For example:
 - Priority 1: Address hunger and food insecurity
 - Priority 2: Address under consumption of nutritious food (e.g., fruits and vegetables)
 - Priority 3: – Address physical activities after school







Priority Findings & Approaches

Priority Findings to Address:
 Sample Findings 2: 45% of high school students indicate that they do not have enough food to eat. 80% are found to not eat fruits and vegetables everyday (6% are homeless and 15% indicate no opportunities to exercise after school)

- Describe the expected outcomes desired by the action for each of the priorities
- For example:
 - Overall goal 1 – Prevalence of hunger decreases at next assessment date
 - Overall goal 2 - Prevalence of consumption of nutritious food increases at next assessment date
 - Overall goal 3: – Prevalence of afterschool exercise increases






Priority Findings & Approaches


Primary Prevention Approach:
 Sample Findings 1: 15% of upper elementary aged students are found to worry and feel sad (an additional 8% have consumed alcohol and marijuana)

Example Approach: Required professional development trainings for all school staff on strategies to institutionalize a positive and healthy school environment.

Example Objective: To implement programs within professional development that trains staff on the importance of school connectedness and school climate.

Example Evaluation Indicator: Level of implementation of professional development program.






Priority Findings & Approaches


Primary Prevention Approach 2:
 Sample Findings 1: 15% of upper elementary aged students are found to worry and feel sad (an additional 8% have consumed alcohol and marijuana)

Example Approach 2: Partner with an community organization to teach and implement a 15 minute meditation session in homeroom at the beginning of each day for both teachers and staff

Example Objective 2: To teach the importance of meditation as a way to manage stress and anxiety


Example Evaluation Indicator 2: Level of implementation of meditation program.






Priority Findings & Approaches


Clinical Approach:
 Sample Findings 1: 15% of upper elementary aged students are found to worry and feel sad (an additional 8% have consumed alcohol and marijuana)
Example Approach:
 Screening for anxiety, sadness/depression for students that come for services in the clinic.
Example Objective:
 To identify students that are at risk for depression and chronic worry in the clinic for further support and potential treatment.
Example Evaluation Indicator: Number of students screened in the clinic and receive additional services.






Priority Findings & Approaches


Systems Approach:
 Sample Findings 1: 15% of upper elementary aged students are found to worry and feel sad (an additional 8% have consumed alcohol and marijuana).
Example Approach: Convene a suspension and discipline policy working group that includes students, staff, and families
Example Objective: To create a comprehensive strategy and new policy for discipline and support that meets the needs of students and the school community and promotes a more connected and healthy school environment.
Example Evaluation Indicator: The level of development and implementation of discipline policy and strategy.






Priority Findings & Approaches

Primary Prevention Approach:
 Sample Findings 2: 45% of high school students indicate that they do not have enough food to eat. 80% are found to not eat fruits and vegetables everyday (6% are homeless and 15% indicate no opportunities to exercise)
Example Approach: Identify community partners and start a weekly food bank for students and their families
Example Objective: To increase availability of quality nutritious foods.
Example Evaluation Indicator: The number of students and families that participate in the program.






Priority Findings & Approaches


Clinical Approach:
 Sample Findings 2: 45% of high school students indicate that they do not have enough food to eat. 80% are found to not eat fruits and vegetables everyday (6% are homeless and 15% indicate no opportunities to exercise after school)

Example Approach: Food insecurity screening for all students that come for clinical services.

Example Objective: To identify students in the clinic that have lack of access to nutritional food and provide them with additional support.

Example Evaluation Indicator: The number of students that participated in the screening and have received support.





Priority Findings & Approaches


Systems Approach:
 Sample Findings 2: 45% of high school students indicate that they do not have enough food to eat. 80% are found to not eat fruits and vegetables everyday (6% are homeless and 15% indicate no opportunities to exercise after school)


Example Approach: Create a school wellness policy with all school partners (students, families, administration, community partners) that initiates mandatory 15 mins of classroom based structured exercise for students and staff during the school day.

Approach 2: Partner with an organization to introduce school and neighborhood sports teams for students to get more exercise.

Example Objective: Organize task force, develop and implement school wide wellness policy.


Example Evaluation Indicator: The level of development and implementation of the school wellness policy.





Action Plan

- Multiple levels of intervention
- Addresses inter-related issues
- Measurable
- Concrete
- Attainable



Center for School, Health and Education

Presenter's Bio

Dr. Harris is a consultant at the Center for School, Health and Education (CSHE) at the American Public Health Association (APHA) and has a wealth of expertise in social determinants of health and health disparities. Dr. Harris brings innovative approaches and a social-culturally relevant lens to investigating current health issues.

Prior to joining the CSHE, Dr. Harris served as a research fellow at the Center for Research on Ethnicity, Culture and Health (CRECH) in Ann Arbor, Michigan. At CRECH, Dr. Harris led several research projects both domestically and internationally that focused on sexual risk and HIV prevention for women of color and vulnerable populations. Dr. Harris's research background includes designing and testing cognitive intervention models that address risk-taking behaviors for minority populations.

Dr. Harris received her doctoral degree in Health Behavior and Health Education from the University of Michigan. She also received her Masters in Public Health with a concentration in International Health from Morehouse School of Medicine.

