

**Welcome Letter**

<b>Table of Contents</b>	
	<b>Page Number</b>
<b>Welcome and Mission Statement</b>	2
<b>Health and Education: Two Sides of the Same Coin</b>	2
<b>Getting Started</b>	
Learning Portal	3
Module Content	3
Joining Group Discussions	3
Group Discussion Schedule	4
Technical Requirements	4
Proficiency Assessments and Evaluations	4
Participation Requirements	4
Module 8 – Part 1 & 2	5
<b>Continuing Education Provided by APHA</b>	
Credit Hours (CME, CNE, CHES & General Certificates)	5
Process for Obtaining Continuing Education Credits	6
Accreditation Statements	6
<b>Professional Development</b>	
Content Presenters	6
Discussion Facilitators	7
Planning Committee	7
<b>After Professional Development</b>	
Assessment	8
Action Planning	8
Implementation	9
Understanding Technical Assistance	9
Evaluation	9
<b>Commercial Disclosures</b>	9

**Mission: To increase health and educational success in students by providing a strategic response to the social determinants that impede both. These barriers may manifest in behavior and may also be structural. They may have already “presented” as problems or may pose potential risks. They may impact individuals or may impact the school population.**

The Center for School, Health and Education (CSHE) welcomes your team to a program to strengthen and facilitate the capacity of school-based health care leaders and their school partners to address the health risks of students (at a school-wide, population level) that also put them at risk for not graduating from high school. Fundamental to the program is exploring ways to integrate essential and comprehensive public health principles, strategies and policies in the clinic and throughout the school to address the most prevalent, educationally relevant health disparities facing students in a given school. We’re looking forward to collaborating with new leaders from Michigan and Florida!

A Program to Improve Graduation by Integrating Public Health Prevention and Primary Care in Schools consists of 3 phases:

- Professional development (team participates in self-study online training modules and facilitated group discussion)
- Assessment and planning (team identifies needs in their school and plans a multi-level response)
- Implementation (application of professional development and initiation of an action plan to address the needs identified by each school team)

### Health and Education: Two Sides of the Same Coin

Many of you work in schools and provide services to students in communities with limited resources and varying degrees of disadvantage. The literature shows that low-income students are five times more likely to drop out or get pushed out of high school, than students from high-income families (NCES, 2011)<sup>1</sup>. Furthermore, the achievement gap in schools is attributable to key educationally related health disparities (particularly among poor urban minorities). Among them, unmanaged chronic health conditions, lack of physical activity, hunger, and emotional and social behavior issues related to exposure to and exhibition of aggression and violence (Basch, 2011)<sup>2</sup>. Moreover, living in conditions of disadvantage has been shown to lead to chronic (even traumatic) stress, which has been linked to over 50% of all school absences (Jensen, 2009)<sup>3</sup>.

In our work together, we will address these barriers to health and learning. Some may have already “presented” as problems, others may pose *potential* risks. They may impact an individual, the population, or may even be structural. Fundamental to this work is the expectation of a school-wide needs assessment and environmental scan to determine the most prevalent social conditions and risks related to health and learning, and subsequently completion of an Action Plan based upon the findings. To facilitate and promote transformative outcomes in these areas, the strategy for goal planning will include approaches across 3 levels or domains:

- 1) Clinical interventions: With individuals and groups, inside and outside of the clinic
- 2) Primary prevention: With the school wide population
- 3) Systems: Review, revision, and or creation of policies and practices in the clinic, school, school district or community to support our goals

This strategy will be discussed during professional development and considered during action planning and implementation.

<sup>1</sup> National Center for Education Statistics [NCES]. *Trends in High School Dropout and Completion Rates in the United States: 1972–2009* (U.S. Department of Education, 2011)

<sup>2</sup> Charles Basch, *Healthier Students Are Better Learners: A Missing Link in School Reforms to Close the Achievement Gap* (Journal of School Health, 2011)

<sup>3</sup> Eric Jensen, *Teaching with Poverty in Mind* (Association for Supervision & Curriculum Development, 2009)

## Getting Started

### Learning Portal

Everything that you will need for the various phases of this program can be found in the online learning portal. The portal enables you to review pre-recorded presentations, download required reading, participate in discussion sessions via video conference, and complete proficiency assessments and session evaluations. Upon visiting the portal, you will notice that each backpack contains the module-specific materials that you will need to complete the series. Discussion sessions can also be easily accessed by following the links provided therein.

It is strongly advised that you familiarize yourself with the layout of the portal in advance of training. This will help you easily locate materials and become familiar with various links.

The portal can be accessed at <http://www.schoolbasedhealthcare.org/learning-portal>. Please do not share this link beyond your team.

### Module Content

Training will begin in January 2018 and consist of eight modules and an orientation. Modules are self-paced online, with the second part of the last module being a full day in-person training at your school (see – Module 8 Part 1&2).

For each online module, participants are expected to study the module's pre-recorded presentations in sequential order (a set of guided study questions is included for each). The modules have required reading which is included in the calculation of continuing education credits. Supplemental reading is optional.

With some exceptions, the time required to review most module content is two hours (see – the *Educational Design and Technical Assistance Timeline* located in the learning portal). Each online module will be followed by an interactive, facilitated group discussion session via computer-based video conferencing. The study of all self-paced module content needs to be completed prior to the applicable discussion session.

### Joining Group Discussions



Facilitated group discussions are intended to support the synthesis of content from each module. Each discussion session is 90 minutes in length and occurs according to the schedule below (attendance is monitored and the discussions are recorded).

Group discussions can be accessed in two ways:

- 1) From the learning portal - click on the link from the home page or within a module for 'Discussion Session' or
- 2) Click on the link in the calendar invitations for the discussion sessions.

Once on the login page:

- Enter your first and last name in the guest box prior to entering the meeting room
- Select 'dial-out (receive a call from meeting)' and enter your telephone number in the pop up to join the audio conference (land lines are preferred)
- Click 'start my webcam'
- Click 'start sharing'

Tips: *If your webcam is not working, you may need to choose the appropriate webcam. Go to 'start my webcam' (  icon), click 'select webcam' and then choose the appropriate webcam. If you have a front/back facing camera, go to 'pod options' (  icon), click 'select camera' and then select the correct direction. If your webcam stops functioning at any point during the discussion session, please restart it.*

### Group Discussion Schedule

The discussion sessions will occur approximately every two weeks according to the schedule below. The schedule also indicates key staff to be present for each discussion session.

Module	Discussion Session Date & Time (by video conference; 90 minutes each)		Key Staff to Participate
Orientation (live webinar)	Feb. 1, 2018 – 3:30-5pm EST		Core Team & Team Leaders
1	Feb. 15, 2018 – 2:30-4pm EST		Core Team
2	Mar. 1, 2018 – 2:30-4pm EST		Core Team
3	Mar. 15, 2018 – 2:30-4pm EDT		Core Team
4	Mar. 29, 2018 – 2:30-4pm EDT		Core Team, Immediate Response Team & Needs Assessment Staff/Planners
5	Apr. 19, 2018 – 2:30-4pm EDT		Core Team & Principal/ Education Liaison
6	May 3, 2018 – 2:30-4pm EDT		Core Team
7	May 17, 2018 – 2:30-4pm EDT		Core Team
8, Part 1	Self-paced – must be completed prior to Part 2		Core Team, Immediate Response Team, SBHC Staff & Other Health Staff
8, Part 2 (In-Person Workshop)	Battle Creek Central High School, <i>Date TBD</i>	Jean Ribault High School, <i>Date TBD</i>	Core Team, Immediate Response Team, SBHC Staff & Other Health Staff

### Technical Requirements

Participants will need access to a hard-wired computer with audio and webcam capacity, the internet (Internet Explorer is better for viewing videos), and a landline telephone. Other specs follow:

#### **Computer Specs**

- Windows 7 or later or Mac OS X 10.7.4. or later
- Internet Explorer 10 or later, or Safari 6.0 or later, or Firefox 4.x or later, or Google Chrome, latest version
- Adobe Flash Player 11.2 or later (Free download from the internet)

*Note: some support is available for assistance with understanding and troubleshooting these specs*

### Proficiency Assessments and Evaluations

At the end of each module (following the discussion session), participants are expected to complete a proficiency assessment. The assessment consists of approximately 10 questions, most are multiple choice and some are short answer. A score of 80 % denotes proficiency, averaged across the seven proficiency assessments. We will provide progress updates within a week of completing the assessment to track participants' progress.

Each participant is also expected to complete a session evaluation at the end of each module. Many improvements in this program have come from thoughtful feedback by participants. Both the evaluation and proficiency assessments are located in the learning portal.

### Participation Requirements

Full participation of the team identified for Capacity Building in the Participants List is required. This includes participation in all Capacity Building program activities (e.g., group discussions, proficiency assessments). The Letter of Agreement provides further details on participation requirements for the Technical Assistance phase of the program.

Please notify Darien Mather, [darien.mather@apha.org](mailto:darien.mather@apha.org), if you have an emergency and must adjust your schedule. Incomplete participation can disqualify you from receiving continuing education credits.

### Module 8 – Part 1 and 2

This module consists of two parts: 1) a series of online modules, and 2) an in-person workshop. The online modules must be completed prior to the in-person workshop. The course may take up to 5 hours to complete, but is self-paced and does not have to be completed in one sitting. It is provided by the Michigan Public Health Institute and is available from <https://courses.mihealth.org/PUBLIC/home.html>. It can also be accessed through the Module 8 page on the learning portal.

Instructions to Access Online Modules for Module 8: If you are a new user, click on the “Create New User” button and create an account. Once you have logged in, you will be on the My Courses page. The Catalog ID for the course is **MI-0001-2014** and the course title is “**Motivational Interviewing – Risk Assessment**”. You may access the course by clicking on the “Launch Course” button to the left of the Catalog ID. **You will receive a certificate upon completion of the online course – bring this certificate to the in person workshop as proof of your completion of the course.**

The 5 hour workshop will provide an opportunity to synthesize and practice techniques introduced in the online modules. The workshop will take place at your individual schools in late May or early June 2018.

For more details on the objectives of Module 8 see the *Educational Design and Technical Assistance Timeline* located in the learning portal.

### Continuing Education Credits Provided by APHA

#### Credit Hours

For CME, CME – Other Professional, CNE, and CHES twenty-five (25) continuing education credits are available upon completion of the entire learning series, group discussions, proficiency assessments and evaluations. All evaluations must be completed no later than May 26, 2018.

A calculation of credits follows (**capacity building must be completed in its entirety; partial credit will not be provided**):

Modules	Module Presentation	Required Reading 6000 words = 60 mins = 1 CE	Module Discussion Session	Total Hours.Min	Credits CME, CNE, & CHES
Orientation	90 minutes (1 hour, 30 minutes)	N/A	N/A	N/A	N/A
1	60 minutes (1 hour)	105 minutes	90 minutes (1 hour, 30 minutes)	4.00	4.00
2	80 minutes (1 hour, 20 minutes)	85 minutes	90 minutes (1 hour, 30 minutes)	4.00	4.00
3	60 minutes (1 hour, 15 minutes)	95 minutes	90 minutes (1 hour, 30 minutes)	4.00	4.00
4	80 minutes (1 hour, 20 minutes)	20 minutes	90 minutes (1 hour, 30 minutes)	3.00	3.00
5	60 minutes (1 hour)	120 minutes	90 minutes (1 hour, 30 minutes)	4.30	4.50
6	60 minutes (1 hour)	15 minutes	90 minutes (1 hour, 30 minutes)	2.45	2.75
7	60 minutes (1 hour)	25 minutes	90 minutes (1 hour, 30 minutes)	2.45	2.75
TOTAL				25.00	25.00

### Process for Obtaining Continuing Education Credits

#### **CME/CNE/CHES Credits & General Certificates:**

For those seeking CME/CNE/CHES credits or General Certificates, participants will follow the link to the evaluation system, located in the learning portal.

### Accreditation Statements

#### **Medicine (CME):**

APHA is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

#### **Designation Statement:**

APHA designates this live educational activity for a maximum of *25 HRS AMA PRA Category 1 Credit(s)*<sup>™</sup>. Each physician should claim only those hours of credit that he/she actually spent in the activity.

#### **Nursing (CNE):**

The American Public Health Association Public Health Nursing is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

#### **Health Education (CHES):**

Sponsored by APHA (Provider ID DC0074), a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for Certified Health Education Specialists (CHES) 25 HRS total Category 1 continuing education contact hours.

## Professional Development

### Content Presenters:

**Terri Wright, PhD, MPH**, *Executive Director, The Steve Fund*

-Dr. Wright has no conflicts of interest to report.

**Michael Royster, MD, MPH**, *Vice President, Institute for Public Health Innovation*

-Dr. Royster has no conflicts of interest to report.

**Olga Acosta Price, PhD**, *Director, Center for Health and Health Care in Schools and Associate Professor, Milken Institute School of Public Health, George Washington University*

-Dr. Price has no conflicts of interest to report.

**Katy Hanling**, *Massachusetts Institute of Technology*

-Ms. Hanling has no conflicts of interest to report.

**Leslie Parks, MSW**, *Deputy Director, Center for School, Health and Education, American Public Health Association*

-Ms. Parks has no conflicts of interest to report.

**Laura Brey, MS**, *Vice President, Strategy and Knowledge Management, School-Based Health Alliance*

-Ms. Brey has no conflicts of interest to report.

**Jennifer Salerno, DNP, CPNP, FAANP**, *Founder, Possibilities for Change*

-Dr. Salerno is the creator of the Rapid Assessment for Adolescent Preventive Services (RAAPS) tool that will be presented and discussed during the training series. This tool has been used by other members of the planning committee and was selected for its effectiveness in supporting public health and population health planning.

**Kelly Nelson, MPH**, *Senior Program Manager, Center for School, Health and Education, American Public Health Association*

-Ms. Nelson has no conflicts of interest to report.

**Rober Murphy, MEd**, *President and Lead Innovator, Shifting the Paradigm LLC*

-Mr. Murphy has no conflicts of interest to report.

**Jeanita Richardson, PhD, Med**, *Associate Professor and CGH Distinguished Scholar, University of Virginia*

-Dr. Richardson has no conflicts of interest to report.

**Deb Brinson, MPA**, *Deb Brinson Consulting*

-Mrs. Brinson has no conflicts of interest to report.

**Bronwyn Lucas, MA**, *Youth Empowered Solutions*

-Ms. Lucas has no conflicts of interest to report

**Kanika Harris, PhD**, *Consultant*

-Dr. Harris has no conflicts of interest to report.

**Darien Mather, MPH**, *Program Associate, Center for School, Health and Education, American Public Health Association*

-Ms. Mather has no conflicts of interest to report.

### Discussion Facilitators:

**Tia Taylor Williams, MPH, CNS**, *Director, Center for School, Health and Education and Center for Public Health Policy, American Public Health Association*

-Ms. Williams has no conflicts of interest to report.

**Kelly Nelson, MPH**, *Senior Program Manager, Center for School, Health and Education, American Public Health Association*

-Ms. Nelson has no conflicts of interest to report.

**Darien Mather, MPH**, *Program Associate, Center for School, Health and Education, American Public Health Association*

-Ms. Mather has no conflicts of interest to report.

**Kanika Harris, PhD**, *Consultant*

-Dr. Harris has no conflicts of interest to report.

### Planning Committee:

#### Discipline-designated Planning Committee Members:

CHES Planner: Regina Davis Moss, PhD, MPH, MCHES

-Dr. Moss has no conflicts of interest to report.

CME Planner: Georges C. Benjamin, MD

-Dr. Benjamin has no conflicts of interest to report.

CNE Planner: Sonda Oppewal (APHA/PHN), PhD, MSN, BSN

- Dr. Oppewal has no conflicts of interest to report.

#### Other Planning Committee Members:

Jeanita Richardson, PhD, MEd

-Dr. Richardson has no conflicts of interest to report.

Martha Dewey Bergren, DNS RN NCSN APHN-BC FNASN FASHA FAAN

- Dr. Bergren has no conflicts of interest to report.

Marsha Broussard, DrPH, MPH

- Dr. Broussard has no conflicts of interest to report.

Annette Ferebee, MPH

- Ms. Ferebee has no conflicts of interest to report.

Mighty Fine, MPH

-Mr. Fine has no conflicts of interest to report.

Kathleen Patrick, MA, RN, BSN



- Ms. Patrick has no conflicts of interest to report.  
Kimberly Moore Smith, MHSA
- Ms. Smith has no conflicts of interest to report.  
Kelly Nelson, MPH
- Ms. Nelson has no conflicts of interest to report.  
Leslie Parks, MSW
- Ms. Parks has no conflicts of interest to report.  
Jennifer Salerno, DNP, CPNP, FAANP
- Dr. Salerno has a bias to report as creator of RAAPS.  
Iliana White, MPH, CHES, CPH
- Ms. White has no conflicts of interest to report.  
Terri Wright, PhD, MPH
- Ms. Wright has no conflicts of interest to report.  
Janet Zimmerman, PhD
- Dr. Zimmerman has no conflicts of interest to report.  
Darien Mather, MPH
- Ms. Mather has no conflicts of interest to report.  
Tia Taylor Williams, MPH, CNS
- Ms. Williams has no conflicts of interest to report.

### After Professional Development

The two phases following the completion of professional development are assessment and planning, and implementation. The timeline for these phases are available on *the Educational Design and Technical Assistance Timeline* located in the learning portal.

#### **Assessment**

Assessment is comprised of 3 key elements: 1) a school-wide needs assessment, 2) an environmental scan, and 3) discussion groups with students.

#### **School-wide Needs Assessment:**

The participating team will facilitate and conduct a confidential school-wide student needs assessment. CSHE will provide the resources to install Rapid Assessment for Adolescent Preventive Services – Public Health (RAAPS-PH) for middle and high school use. These tools will be discussed in great detail during professional development.

#### **Environmental Scan:**

The team will also conduct “an environmental scan” of various population-level data sources that can be used to identify and address social, environmental, and health trends school-wide, as a complement to RAAPS-PH. This should include interviews with school staff and a review of school policies and practices.

#### **Student Discussion Groups:**

To complement the aggregated and de-identified findings from the school-wide needs assessment, best practices recommend the facilitation of small student discussion groups.

#### **Action Planning**

Assessment information will be used to identify the key social, environmental, and health trends in the school. An analysis of this information should consider the context of educationally relevant health disparities (e.g., hunger, school violence, teen pregnancy, chronic stress, etc.), dropout, school climate and other factors as identified in the literature and capacity building webinars/workshops.



A comprehensive set of school-wide strategies (action plan) will then be determined and prioritized. The plan will include primary prevention at the school level and should consider any systems changes (e.g., administrative or district level policies or practices) needed to achieve the goals of the plan. CSHE will provide a tool to facilitate action planning (action plan template). The tool is located in the learning portal and will be discussed during professional development.

The assessment and planning phase occurs over approximately 4 months. During this time CSHE will also provide a professional development workshop to all school staff - *Managing Chronic Stress in Urban Minority Youth*. The participating team is expected to assist with coordination.

### **Implementation**

During this phase, the participating team will implement approaches to address barriers to health and graduation identified in the assessment, environmental scan, and youth discussion groups. The team will also identify and incorporate additional school and community resources as partners and or service providers to address these findings. The team should have regularly scheduled meetings with the principal and school staff to keep them aware of implementation activities and progress.

This phase occurs over approximately 1-2 school semesters. During the third semester, the participating team should consider progress to date and begin the planning process for the next school year. For details – see the *Education Design and Technical Assistance Timeline* located in the leaning portal.

### **Understanding Technical Assistance**

CSHE will provide technical assistance during the two phases following professional development. Technical assistance is comprised of regularly scheduled meetings with each site to support their activities during assessment and planning, and implementation. Meetings may be held by telephone, video conference, or on site at the selected school.

CSHE will also assist with cultivation of cross site partnerships. A few group discussions are scheduled to facilitate this during TA (see *Educational Design and Technical Assistance Timeline* located in the learning portal).

CSHE will also facilitate increased partnerships with public health agencies through its public health affiliates. This will be discussed in more detail over the course of the program.

### **Evaluation**

Each team will be invited to participate in an evaluation of the outcomes and impact of this program. Evaluation-related activities may include case study interviews, a follow-up survey administered by CSHE to ascertain progress in January 2019.

## **Disclosures**

### **Commercial/Sponsor Disclosure:**

There is no involvement of commercial support for this training series. Funding for this learning series was made possible by the Centers for Disease Control and Prevention. The views expressed in written materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

### **Non Endorsement:**

As an Accredited Provider of Continuing Education (CE) Credits for Health Education (CHES), Nursing (CNE), Medicine (CME), and Public Health (CPH) the American Public Health Association Learning and Professional Development Programs (LPDP) Unit and its respective Continuing Education accrediting organizations do not endorse any products or

services that are displayed or referred to in conjunction with this activity and are not responsible for the actual presentation of content during scientific sessions.

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