Breaking Down the Silos to Address Youth Health Disparities: A Social Justice Imperative

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The participant will be able to:

- Describe the variety of health problems facing poor children and youth;
- Identify recommendations for reducing health disparities in children and youth;
- Describe value of linking schools with community health care agencies;
- Discuss the various mechanisms for linking schools and community health care agencies.
Expert Panel

Organized by
- Society for Public Health Education
- ASCD

Engaged subject matter experts in
- Health Care
- Health Education
- Education
- Public Health
- Adolescent Health
- School Health
Founded: 1950

Mission: To provide global leadership to the profession of health education and health promotion and to promote the health of society.

Membership: 4,000 national and chapter members working in K-12 schools, universities, health care, community based groups, worksites, federal/state/local government, and internationally.

Major Programs: Professional standards, training/CE, research, publications, advocacy
SOPHE School Health Initiatives

- Community of Practice
- Youth & School Health Website
- Continuing Education
  - 2014 Annual Meeting – School health focus
  - Webinar Series
- Special Journal Issues/Supplements
- School health educator competencies
- Child/Adolescent Textbook
- Resolutions/Policy Advocacy
About ASCD

- **Founded:** 1943

- **Mission:** Educational leadership organization dedicated to advancing best practices and policies for the success of each learner.

- **Membership:** 160,000 members in 148 countries includes professional educators from all levels and subject areas—superintendents, supervisors, principals, teachers, professors of education, and school board members.
Question: What makes for effective education?
Answer: A Whole Child approach to education

- Healthy
- Safe
- Engaged
- Supported
- Challenged
Goal:
To develop best policy and practice goals for eliminating health disparities among youth.
Key Questions:

1. What programs or policies have succeeded in addressing racial and ethnic health disparities among youth and what are their key ingredients for success?

2. What recommendations around policy and practice should be set forth to reduce racial and ethnic disparities among youth?
More Than 74 Million Children in the United States

High number of children living in poverty
- 15.3 million (21%)

Using 200% of Federal Poverty Level as our definition yields:
- 31.3 million (42%) of all U.S. children living in low income households
Children in Poor Families by Race/Ethnicity

Children living in low income & poor families:
29% White
32% Asian
57% Native American
62% Black
63% Hispanic
Illustrative Consequences of Youth Poverty

“Those who are poor at birth compared to those not poor at birth, are 5 times more likely to be poor as a young adult (ages 25-30), 3 times more likely to not graduate from high school and 3 times more more likely to have a teenage pregnancy.”

Social Determinants of Health for Children & Youth

- Poverty
- Unhealthy Environment
- Lack of Health Services
- Food Insecurity
- Poor Early Development
- Inequitable Education
- Discrimination
Poverty is Linked with Multiple Negative Outcomes for the Children & Youth Living in Poverty

- Increase in developmental delays
- Increase in disease
- Poorer health status
- Increase in health risk behaviors
- Poorer achievement in school
- Increase risk for dropping out of high school
- Increase risk for lifetime in poverty
Health Consequences for Children Living in Poverty

Poor children and youth have more health problems

- More chronic disease
- More infectious disease
- More injuries
- More developmental delays
- More social/emotional/behavioral problems
Health Problems Have More Serious Consequences for Poor Children

Poor children’s prognosis is worse with the same condition
Poor receive less and lower-quality medical care
Poor families “may” be less well-equipped to manage their children’s health problems
Participation in Health Risk Behaviors

19% of high schools students report current cigarette use

Dramatic increase in the number of overweight youth, now 16% up from 4%–5% in the 1970s

11.3% of youth have had at least one clinically significant emotional, behavioral or substance abuse disorder
Education: A Solution to Reduce Health Disparities

Education is the stepping stone to the “American Dream”

Education is the factor consistently linked to longer lives

High school graduates have
- Better health
- Lower medical costs
- Longer lives (6-9 additional years)
Inequities in Schooling Limit Education as a Solution for Poor Children

There is an achievement gap between the academic performance of
Poor students and students who are not poor
Minority students and their non-minority peers

Leading to…

7200 students dropping out of school every school day—more than 1.2 million every year!
The Achievement Gap Begins at Kindergarten

- **High achievers** in 1st graders
  - 72% Are from higher income families
  - 28% Are from lower income families
Prerequisite for Learning: Early Childhood Education

The gap due to poverty can be reduced by ensuring that low income children are enrolled in high quality early childhood education programs.

- The Guide to Community Preventive Services: What Works to Promote Public Health?
Outcomes from Enrolling Poor Children in Early Childhood Education Programs

Early childhood education programs: Head Start

- Reduces K-12 grade retention by 13%,
- Reduces placement in special education by 14%,
- Reduces teen pregnancy by 49%,
- Reduces delinquency/teen arrests by 20%
- Increases high school graduation rates by 17%
- Reduces enrollment in welfare by 14%.
- Increases home ownership by 23%
Educational Inequities Associated with the Achievement Gap

Two thirds poor and minority students attend high-poverty schools
Poor schools are more often in run down facilities
Lower per–pupil spending
Lack of school safety
Less parent participation
Two thirds poor and minority students attend high-poverty schools
Less curriculum rigor
Less advance placement tests
Less credentialed
Less experienced teachers
More teacher turnover
Non-school Factors Associated with the Achievement Gap

- Frequent school changes
- Student health problems
  - Low birth weight
  - Disabilities
  - Specific diseases
    -- Diabetes
    -- Sickle cell anemia
- Food insecurity & hunger
- Mental health problems
Turn To Your Neighbor…

- Were you aware of the extent of poverty in children?
- What fact about childhood poverty was new to you?
- How does the high incidence of children in poverty affect you and/or your job?
Reducing Health Disparities In Children and Youth: Major Recommendations of the Expert Panel
Schools and community agencies collaborate to keep kids healthy so they can learn.
Education and Health Are Interconnected

School Based/ School Linked Interventions → Academic Performance → Educational Attainment

Academic Performance → Child Health Status

Child Health Status → Adult Health Status

Educational Attainment → Adult Health Status

http://www.coderedtexas.org/files/Appendix_E.pdf
The Expert Panel Recommends

Action items for

☑ School
☑ District
☑ Community
☑ State
☑ Federal
Focus on **Joint Accountability** for students’ health & learning
The Expert Panel Recommends

5 major actions improving:

1. Cross-agency collaboration
2. Using data for continuous improvement
3. Health care access
4. Health promoting school & community environments
5. Promotion of health-enhancing behaviors among students
Cross-Agency Collaboration Exists:

- Utilize a community coordinating committee at the municipal/school district level and corollary school health teams at each school to pursue an agenda of continuous improvement in the health, learning and well-being of all students.
Cross-Agency Collaboration Indicators

1.a A community coordinating committee at the municipal/school district level and at each school

1.b School Health Teams provide input to the annual school improvement plan.

1.c The Municipal/District Community Coordinating Committee annually reports evidence of parent communication and engagement in each component of the school health program.
Governance, Administration & Joint Accountability Model

State Education Superintendent

State Health Commissioner

School Health Director

District actions to support student learning & health

Public Health, Mental Health & other agencies promoting child health

State Coordinating Council for Learning & Health

District Student Learning & Health Council

School Teams to Support Student Learning and Health
Linking School with Community Agencies Supported by Professional Associations

- ASCD
- Coalition of Community Schools
- Communities in Schools: “A healthy start and a healthy future”
Need for Community Support

Critical to school reform:
1. School leadership
2. Professional capacity of staff;
3. Instructional guidance system that engages students;
4. Learning climate in which there is order and safety;
5. Parent and community support and linkages.
“…in those schools that assembled a first-rate social services support team and accessed external programs and services from community agencies to supplement the meager health and social services offered by the school system, students improved reading and mathematics scores” (Bryk, et al, 2010)
Recommendation 2

Using data for continuous improvement

In addition to current achievement indicators (e.g. academic achievement, graduation rates), require schools to measure and report health, safety, and well-being indicators (e.g. chronic absenteeism, fitness rates, teen birth rates, connectedness) as a means of quality improvement..

(Rank: #1)
Inadequate credit accumulation in the freshman year of high school is highly predictive of failing to graduate four years later.

Causes of course failure in 9th grade explains high school drop out rates

- 7% Student demographic /SES
- 5% Eighth-grade test scores
- 8% Studying behaviors
- 53% Absences
“Students who entered high school with very low eighth grade achievement (with test scores that placed them in the bottom national quartile) but who missed less than one week of classes per semester had fewer Fs, on average, than those students entering high school with very high achievement (test scores that put these students in the top national quartile) but who missed at least one additional week of classes (0.7 semester course failures, compared to 0.9).”
A Comprehensive Programmatic Response to Reduce Absenteeism

Coordinated public agency & legal response

Case management to families with poor attendance

Teachers caring & nurturing

Parent education

Attendance

Family engagement in school

High quality engaging curriculum

Access to preventive health care

Quality early care and education
Expand the Data Quality Campaign to Include Health Data

Examples of health data needed:
• Absenteeism rates
• Safe, supportive & healthy learning environment
• Health problems that interfered with learning
• Adverse childhood experiences
• Youth health risk behaviors
• Exposure across curriculum to health education
• Fitnessgram scores
Recommendation 3

Health Care Access Through Community Collaboration

…..every student has a “health home” that addresses physical health, mental health, substance abuse prevention and treatment, oral health, and reproductive health
Indicator 1: School Nurse With Access to a Community/School Team

- Routine screenings
- Appropriate follow-up care
- Access to preventative services
- Access to curative health services

Only 31.5% of schools had a full time registered nurse providing services; 86.3% of schools had a full or part-time nurse.
School-Based/School Linked Health Centers

Recommend SBHCs in areas where students have limited access to health care

- **Purpose** — to provide primary care services to students who have limited access to health care

- **Students served** — Predominantly from populations that are poor & underinsured and have additional health care access disparities. 70% of students from minority groups.

- **Setting** — on school campuses (or close by for school linked health centers) & usually in the school building, in elementary & secondary schools
School-Based Health Centers (cont.)

- **Staffing** – Nurse practitioner/physician assistants & physician, mental health professional, substance abuse counselor, nutritionist, receptionist, health aide
- **Number** – About 2300 overall, spread across 45 states with 57% in urban districts & 27% in rural districts
- **SBHC sponsors**
  - Community health center – 28%
  - Hospital – 25%
  - Local public health department – 15%
  - School district – 12%
Decreasing Percentage of Districts with Community Links to Health Services

SHPPS Health Services Trends, 2000-2012

- The percentage of districts with arrangements to provide health services to students at other sites not on school property decreased from 37.5% to 24.3%
City Connects: A partnership between a university, community agencies & schools

- A site-based school coordinator works with teachers to develop a customized support plan for every student in the school.
- Students are connected to a tailored set of support services and prevention/enrichment opportunities in the community and/or in school.
- Evaluation results: students receiving these enhanced student supports scored significantly higher on report card & on statewide tests in comparison to non-City Connect students (Walsh, 2011).
- Visit City Connects web: www.CityConnects.org
Supporting the Value of Providing Health Services to Students

- Coalition of Community Schools: http://www.communityschools.org/

- Achieving Results Through Community School Partnerships http://www.communityschools.org/community_schools_facilitate_strong_leadership_better_conditions_for_teachers/

- Organizing Schools for Improvement: http://ccsr.uchicago.edu/downloads/8499safety_in_cps.pdf
Supporting the Value of Providing Health Services to Students

- School based health centers and academic achievement:

- School-Based Health Interventions and Academic Achievement:
  http://www.sboh.wa.gov/Pubs/docs/Health&AA.pdf
Recommendation 4

A nurturing and supportive learning environment

- Safe
- Supportive
- Mentors & tutors
- Parental involvement
- Peer involvement & advocacy
- Food sufficiency
- Health promoting
Recommendation 4: Safe & Supportive

A safe, nurturing and supportive learning environment

1) Schools’ leadership
2) Teacher collaboration & support
3) School–family interactions
4) Teacher–student relationships:
   • Having an adult care about them,
   • With high expectations for success
   • Who provides opportunities for meaningful participation
Recommendation 4: School climate & performance index score
(2006-07, Ohio Department of Education (2008) and the NSCC/CSEE)
Recommendation 4: School climate & Graduation Rates
(2006-07, Ohio DOE (2008) and the NSCC/CSEE)
The growing impact of school climate research

- **U. S Department of Education** recommends school climate reform as an evidence based strategy to prevent violence.

- **The US Department of Education** Safe and Supportive Schools program

- **Centers for Disease Control and Prevention** recommends school climate reform as a data driven strategy that promotes healthy relationships, school connectedness, and drop out prevention.

- **Institute for Educational Sciences** includes school climate as a sound strategy for drop out prevention.
Recommendation 5

Cross–Agency collaboration promoting adoption of health-enhancing behaviors:

Health education and physical education are provided as core subjects in K-12 school curricula with accountability for achieving the national health & physical education standards for time and content.
Health Education K-12 Needed for Health Literate Adults

- Not enough schools providing the recommended hours of health instruction
  - 7.5% of K-5 schools nationwide provide the 360 cumulative hours for health education;
  - 10.3% of 6-8 grades schools nationwide provide the recommended 240 cumulative hours;
  - 6.5% of high schools provide the recommended 320 cumulative hours
Physical Activity Helps improve Academic Achievement

- As fitness levels improve, achievement levels improved.
- Assessing fitness levels: required by some states
  - 31.4% required/recommended FITNESSGRAM,
  - 25.5% required/recommended President’s Challenge,
- Classroom breaks of five to ten minutes improve classroom behavior and achievement
- Poor students are more likely to live in neighborhoods that are unsafe for physical activity outdoors.
Selected Action Items for State Education & Health Agencies

Work with state education agencies to increase:

- Required frequency of physical education to national standards.
- Required frequency of health education to national standards.
- Reporting of students’ fitness scores to the state annually to monitor continuous improvement.
- Improve equity in funding for high poverty schools
Selected Action Items at National/Federal Level

- Health education and physical education are included as core subjects in ESEA re-authorization.

- Provide tax incentives for result-based partnerships at the community level among education, public health & health care sectors for improving the health and achievement of all students, esp. low-income, minority and ethnic students.

- Provide tax incentives for medical residency programs to promote access to educational experiences in school health.
Questions? Comments?
What actions can you do personally to

- Reduce 7200 students each school day from dropping out of school?
- Reduce health disparities of children and youth in your neighborhood?
Write down on the piece of paper that was provided…

What actions can you do personally to

- Reduce 7200 students each school day from dropping out of school?
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Turn to your neighbor and share
What about the systems?

Prophetic? Paradigm shift? Statement?

The paradigm shift is not shouting louder in this environment about the need for health to be taken seriously. The paradigm shift here is for the health sector and education to adapt to one another.

- Dr. Gene Carter
What about the systems?

Prophetic? Paradigm shift? Statement?

If Health is to be effectively integrated into Education it must adjust to suit the contexts of schools.

- Dr. Gene Carter
What about the systems?

Prophetic? Paradigm shift? Statement?

- Do you agree?
- What actions can you do personally?
- What actions do you suggest SOPHE-ASCD does?

Turn to your neighbor and share
Feedback to the Entire Group…
7 Fact Sheets & Web Resources Are Available

1. Overview of Expert Panel
2. Recommendation 1: Joint Responsibility
3. Recommendation 2: Use of Data
4. Recommendation 3: Health Services
5. Recommendation 4: Safe and Supportive Environment
6. Recommendation 5: Enhancing Student Health Behaviors via Health Education
7. Recommendation 5: Enhancing Student Health Behaviors via Physical Education

Additional web resources are available: [http://www.sophe.org/SchoolHealth/Disparities.cfm](http://www.sophe.org/SchoolHealth/Disparities.cfm).
School and community agencies collaborate to

- Ensure that every student has a “medical/health home”
- Ensure health & education data are shared & used for continuous improvement.
- Ensure a healthy school & community environment
- Promote the adoption of healthy behaviors by teaching health and physical education K-12
Cross-Agency Collaboration for Students’ Health and Learning

Short Term Solution: Providing health care access to children and youth is a temporary solution.

Long Term Solution to Break the Cycle of Poverty: High school graduation prepared for a job or secondary education.
Contact

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Children & Youth: 25% of the Population — All of Our Future