Developing partnerships between public health, schools and communities to support student success: a case study from King County, WA

Coalition for Community Schools
2010 National Forum

Presented by:
Carolyn Kramer, MPH
Seattle Public Schools
Meagan Darrow, CHES
Community Schools Collaboration
Today We Will:

• Define Coordinated School Health & Community School
• Understand how Coordinated School Health fits into the Community School model
• Have examples of easy ways to incorporate health into existing community school programming
• Understand what partners are crucial in integrating Coordinated School Health
Group A

• How do you define Coordinated School Health (CSH)?
• What are some alternate names for CSH?
• What are some key elements of the CSH model?
Group B

• How do you define a Community School?
• What are some alternate names for CSH?
• What are some key elements of Community Schools?
Common Definition- Coordinated School Health

The characteristics of a coordinated school health program include:

- A focus on the priority behaviors affecting health and learning;
- The development of an environment which nurtures positive health behavior;
- The utilization of multiple components of the school health program;
- The coordination of school and community programming;
- Providing multiple interventions;
- Soliciting active student and family involvement;
- Providing staff development programs; and
- Using the program planning process to achieve health promotion goals.

Adapted from: Allensworth, D.D., Improving the Health of Youth Through a Coordinated School Health Program. HealthMPowers
What is a Community School?

• A community school is both a place and a set of partnerships between the school and other community resources. Its integrated focus on academics, services, supports and opportunities leads to improved student learning, stronger families and healthier communities. (From Coalition for CS)
A Second Definition…

A Community School is Characterized by:

- Extended Services
- Extended Hours
- Extended Relationships (“swinging door”)
Where is the intersection?

• What are the most significant reasons that students drop out or check out?

• Write down responses on your index card.
Typical Public Health Professionals Responses

- Lack of school health education
- No Clinic
- Poor diet
- No full-time nurse
- No full-time counselor
- Lack of parental involvement
- Physical Inactivity
- Physical, mental, sexual abuse
- Alcohol, tobacco, other drug use
- Bullying
- Unmanaged health conditions (asthma, diabetes, etc...)
Typical Education Professional Responses

- Curricula is not relevant to a student experiences
- Teaching to the test
- Bias and low expectations of staff
- Poor teacher training
- Student misbehavior
- Unwelcoming school environment (old buildings, trash, unkempt ground)
- Lack of parent involvement
- Education not a funding priority
- Lacking early childhood education
Typical Community Schools Professional Responses
The Dilemma

What’s more important…

OR

OR

A Child’s Health

A Child’s Education

You can not have one, without the other!
Story
Maslow’s Hierarchy of Needs

- **Physiological**
  - Breathing, food, water, sex, sleep, homeostasis, excretion

- **Safety**
  - Security of body, of employment, of resources, of morality, of the family, of health, of property

- **Love/Belonging**
  - Friendship, family, sexual intimacy

- **Esteem**
  - Self-esteem, confidence, achievement, respect of others, respect by others

- **Self-actualization**
  - Morality, creativity, spontaneity, problem-solving, lack of prejudice, acceptance of facts
Reciprocal Relationship

- Health disparities = educational disparities

- One child in four – approximately 10 million – is at risk of school failure due to social, emotional, and/or physical health problems. Every school day, more than 3,000 students drop out of high school (Dryfoos, 1998).

- The overall death rate for those with less than 12 years of education is more than twice that for people with more education (Office of Disease Prevention and Health Promotion, 2000).

- 7000 Students drop out of school every school day - 1.2 million every year!
Factors Associated with the Achievement Gap

• **School Factors**
  – Poor segregated schools/Run down facilities
  – Lower per-pupil spending
  – Less credentialed/experienced teachers
  – Lack of school safety
  – Low parent participation

• **Non-School Factors**
  – Poverty
  – Limited education of parents/lack of participation
  – Poor social environment
    • Peers do not value education
    • Lack of role model
  – Student health problems
    • Lack of health care
    • Disabilities
    • Asthma
    • Food insecurity & hunger
    • Mental health problems
    • Injury due to violence
Remind you of anyone?

"Could someone help me with these? I'm late for math class."
Support from the Literature linking all three

PREVENTING CHRONIC DISEASE
PUBLIC HEALTH RESEARCH, PRACTICE, AND POLICY
VOLUME 4: NO. 4

SPECIAL TOPIC
Reframing School Dropout as a Public Health Issue

Nicholas Freudenberg, DrPH, Jessica Ruglio


PEER REVIEWED

Abstract

Good education predicts good health, and disparities in health and in educational achievement are closely linked. Despite these connections, public health professionals rarely make reducing the number of students who drop out of school a priority, although nearly one-third of all students in the United States and half of black, Latino, such an elixir. Yet health professionals have rarely identified improving school graduation rates as a major public health objective, nor have they systematically examined their role in achieving this objective. Seizing the opportunity to do so can improve health and reduce disparities.

Impact of High School Graduation on Health

Education is one of the strongest predictors of health: the more schooling people have the better their health is likely to be. Although education is highly correlated with income and occupation, evidence suggests that education exerts the strongest influence on health (1-4). More
Full Service Community Schools - Background

- 5 year grant from the US Department of Education
- Seattle Public Schools was chosen in 2008 as one of 10 (from a total of 400) districts across the country to receive this $2.4 million grant
- The funds are being divided between Cleveland High School and Rainier Beach High School
Project Goals

• Increase academic attainment through enhanced school/community collaboration that provides comprehensive educational, social, and health services to the school community (overall)

• Develop a seamless, sustainable system of support services aligned with students’ needs (process)
Performance Measures

• Increased collaboration between school and community partners
• Increased family involvement
• Increase % of students demonstrating healthy well being and positive youth development
  – ↑ students receiving services
  – ↑ attendance
  – ↑ # students taking SAT
  – ↑ graduation rates
  – ↑ attachment to school
Main Components - People

- District level coordination (.6 FTE)
- Site Coordinators (1.0 FTE at each school)
- Comprehensive Planning Team
  - Teachers
  - Administrators
  - Community members
  - School social worker
  - Nurses
  - Parents
  - Students
- Community Partner Team
- Family Advisory Team
On the ground

• Site Coordinator- guided by Comprehensive School Improvement Plan, point of contact for community partners

• Monthly meetings of:
  – Comprehensive Planning Team
  – Community Partner Team
  – Family Advisory Team

• Leadership Institutes- off site 6 days/year (3 fall/winter, 3 spring)
Process - Mariner Model

- Gain Commitment From Stakeholders
- ID issues At Local Level
- Determine Priorities
- Form Action Plan
- Implement
- Evaluate
Community Schools Collaboration

CSC Health Model

• Health Director – Leadership and partnership at District and organizational level
• Health Coordinators in 3 service areas – direct service at school level

How Health works within after school program

• Health integration into all aspects of programming
• Internal wellness policies
Community Schools Collaboration, part 2

How Health works with the School Districts

Tukwila School District

– CSC helps implement programs, fill gaps, leverage partnerships
– Students health council provide student input
– Focus: on-site health services (dental screenings, eye exams, physicals)
Highline School District

– School District has CSH Advisory Council
– CSC helps implement programs, fill gaps, leverage partnerships
– Students Health Councils at each high school provide student input
– Focus: Coordinating existing services available
Wholistic View of Health

Wholeness of the Individual

Physical Health

Emotional Health

Social Health

Readiness to Learn
Partners to include

• Existing partners- inventory of who is already in building serving social, emotional, and physical health needs of students
  – Teachers, social workers, health teacher, PE teacher, school nurse, nutrition services, family support workers, PTSA

• Public Health

• Teen Health Center

• University- dental, medical, students in social work

• CBO’s providing health services to school aged youth

• Other for profit and non profit health providers

• City, county, federal agencies…. 
• Activity- How will you incorporate health into existing community school?
Take Home Messages

- We are all working toward the same goal.
- Health matters
- LANGUAGE matters—connections with academic achievement are critical
- Don’t reinvent the wheel!
Feel free to contact us!

Carolyn Kramer, MPH
206-252-0754
cjkramer@seattleschools.org

Meagan Darrow, CHES
206-901-2515
meagan@cscwa.org