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>> Dave Clark: Greetings and welcome to today's Dialogue4Health Web Forum on improving school health. My name is Dave Clark. I'll be your host for today's event. Before we get started there are a couple of things we would like you to know about. Real time captioning is available for today's web forum provided by home team captions. It's located on the right side of your screen. If you're on a Mac you'll see that icon on the bottom right of your screen. If you would like to use captioning you'll see a link in the captioning panel that says show, hide, and header. If you click that link you'll be able to see the captioning much easier. If the captioning window disappears click that media viewer icon that I mentioned to bring it back again. Concerning the audio, today's web forum is in list only. You can hear us but we can't hear you. We will have a Q&A session at the end of the web forum and you can type your questions at any time into the Q&A panel. The Q&A panel is also located on the right side of your screen and it can be toggled on by clicking on Q&A icon that you'll see on the top right of your screen. If you're on a Mac you'll see that icon on the bottom right of your screen. Make sure that it says all panelists. If it doesn't say all panelists, choose that option; that will ensure that your question gets sent to the right place. And you can also use the Q&A panel to communicate with me and my colleague, Laura Burr; we will be behind the scenes. So if you're having any technical problems including audio issues, just let us know about it. We are really interested today in your thoughts and your questions and your feedback and your comments so be sure to get all of that into the Q&A panel. We will try to answer as many of your questions today as we can. I promise.

In fact, why don't we get interactive right now. We thought that you might be interested in seeing who else you're attending this event with today. So we are going to bring up a quick poll so you can tell us whether you're attending today alone or whether you're in a group. You'll be able to select from one of the four choices. When you've made your selection, click the submit button. Are you attending today's web forum alone all by yourself? Are you attending in a small group of 2 to 5 people, maybe you're in a larger group of 6 to 10 people or perhaps you're in a large conference room with all of your colleagues today. Let us know who you're attending with. Are you attending alone or in a group? Let's take a look at the results. Who is attending today's web forum. If you're not seeing those results appear on your screen right away, give them a few moments to tabulate. They will appear. If you've made a choice and didn't click the submit button you'll see an option now do that. I can tell you that and you should be seeing the results now a high percentage of you attending all alone. If you're in a group you may want to assign a single person of submitting questions on behalf of the group or for individual group members. On the other hand if you're attending alone we don't want to you feel like you're there all by yourself. We really want this to be an interactive group event today so make sure to get your questions into the Q&A panel regardless
of whether you're alone or in a group. And join in on the conversation today.

All right. Let's get started with today's presentation on improving school health. Our moderator today is Rochelle Davis, president and CEO at healthy schools campaign in Chicago. It's a national nonprofit organization she founded in 2002 which advocates for national, state and local policies and programs that make schools healthier places to learn and work. Rochelle is co-chair of the national collaborative for health. Rochelle has been instrumental in the development of national healthy school food advocacy initiatives and school environmental health resources. Rochelle will be leading us through the rest of today's event as moderator so Rochelle over to you.

>> Rochelle Davis: Thank you, very much, Dave, and thank you everyone in our audience for joining us today on this important topic. The passage of the Every Student Succeeds Act, ESSA, presents a tremendous opportunity to implement health in wellness in policy and practice. States are drafting their state implementation ESSA plans for the spring and fall of 2017 so this is a critical opportunity for states to support the whole child and to address the importance of school health and wellness. Furthermore, to addresses the social and economic factors that affect student achievement, stakeholders from multiple sectors must be involved early in the needs assessments process to be included in a meaningful way. We will discuss the Health Impact Project's findings and recommendations on their Health Impact Assessment or HIA that's focused on school level needs assessments under Title I of ESSA. We will also highlight some examples of how health data has already been incorporated in the education needs assessment. And finally we will have a Q&A session with the panelists.

So I want to take a moment to thank and acknowledge our supporters today for their sponsorship of today's web format and I want to acknowledge the American health association, Public Health Institute, prevention institute and trust for America's health. We would to thank them for their ongoing support in sharing and getting the word out about this important web forum. Thank you so much to all of them and to our audience. Because our audience is broad and stands different sectors, I want to briefly provide some background on ESSA before we get started. Last year president Obama signed this law into -- signed this law on the bipartisan support. This bill was last authorized in 2001 as the No Child Left Behind Act, also known as NCLB. Why both NCLB and ESSA have the shared goal of academic achievement, this provides an important opportunity to change the education landscape to more fully integrate student health into education policy and practice.

The federal role in education which is largely seen as a state or local responsibility has been to address equity. The theory behind the federal approach is schools and school districts need to be held accountable for student's performance and if standards are not met schools receive additional resources. And if improvement did not happen more punitive measures would happen. In addition school report cards were created and designed to grade schools on how they were performing on key metrics. This information is shared publicly and compares the school's performance to other schools in their district and states. So ESSA is based on this same theory of change but with a number of key differences from NCLB. A recognition that the conditions of learning matter, less prescriptive and less punitive consequences, a broader sense of how to measure student performance and a bigger role for states. While ESSA allows or gives permission to states to consider the conditions of learning to address the whole child to support student health and wellness, there's nothing in the law that requires them to do this. States have an invitation to leverage ESSA to advance student's health and wellness but it's not a requirement.

So I'm going to briefly highlight four components of ESSA that are important to this conversation. So the first I want to talk about is accountability metrics. There is a new requirement to include at least one measure of school quality or student success in the accountability system. The accountability system is designed to assess the lowest quality schools. It has the potential to see the attention given to these issues. The metrics in the accountability will be used by the states. These schools are eligible to receive improvement intervention. The schools identified for improvement must undertake comprehensive needs assessments most in need of attention and
improvement. The second area is the school report card. ESSA requires state report cards to include school climate surveys, safety reports including incidents of violence and bullying and harassment and chronic absenteeism rates. These measures provide the public with a more comprehensive picture of the learning environment in school. States can include other data regarding the progress of schools including those that might share information on how a school is supporting students’ health.

The third point is around professional development. Under ESSA funds can be used to help fund pre-service and in-service training for educators which could potentially be used to help them better understand and implement attention to address health and well-being and social and emotional learning. The law recognizes the negative impacts of stress on teachers and allows funds to be used to improve working conditions. And my last point is that ESSA requires states to provide students with a well-rounded education. This is in response to complaints about NCLB’s narrowing of the curriculum. Under this new law a well-rounded health education, physical education, arts, music and technology. States have the opportunity to set high standards and student assessments for these areas. In addition ESSA makes funds available to districts to put these components into schools for the student's support and academic achievement grants. In certain circumstances a needs assessment is required as part of the funding request. Currently states are in the process of creating state plans which articulate their approach to implementing ESSA. Healthy schools campaign the alliance for healthier generation recently released guidance on how advocates can work to incorporate health into these plans and this will be provided on the web side and some follow up communication because this sets the stage for today's discussion. I have had the privilege of co-chairing the national collaborative then education and health with trust for America’s health. The collaborative works on systems level change at the intersection between health and education and to support schools in creating the conditions of student wellness. We have been working with the Health Impact Project, a collaboration between the Robert Wood Johnson Foundation and the Pew Charitable Trusts. We focused on needs assessment because this is an important lever for bringing attention to increasing educators understanding of and directing resources to students’ health and wellness.

As I get ready to introduce the panel I do want to comment on I think what is kind of the big elephant in the room, the change this administration. We don't have any special insight into how the Trump administration is going to approach ESSA implementation or other education issues. However, at this point ESSA is set up to transition a lot of authority to states and to school districts and at this point in the process the focus is not on what the federal government is going to do or not do, but on what states are going to do. So today's discussion about ESSA and opportunities to integrate health and wellness is as important as of.

So it's now my pleasure to introduce our panel. We have assembled an incredibly top rate panel for the discussion today and I want to thank them for their time and for joining us. First I want to introduce Ruth Lindberg, officer for the Health Impact Project, designed to promote the use of HIAs and support the growth of the fields in the United States. In this on role she leads the project as federal HIA in health and all policy work and oversees the projects evaluation efforts. Next we have Sarah Mathew, director of health and wellness at the Colorado department of education n the office of health and wellness she oversees many grand initiatives, project AWARE, physical education, school nutrition programs, school Medicaid programs, traumatic brain injury program, Title V grant programs and comprehensive health programs. Last but not least is Bridget Clementi, vice president of community health for children's hospitals of Wisconsin who dedicates her professional and personal time and efforts to leading child safety injury prevention. So thanks to all of our panelists. Before I hand it over to Ruth I want to bring up one of your screen -- bring up on your screen poll two. As your state currently drafts their ESSA plan for the spring -- actually there was final rules that will give them until September but for the spring or fall of 2016 is your organization working to ensure the plan supports the whole child and addresses the importance of school health and wellness? So if people want to let us know whether that is something that they are currently
involved in. So I'm going to give everyone a couple of more minutes and now ask for the tally. And I think results should be coming up soon. So I'm -- okay. And there they are. So we have -- that's great. 65% of the folks on the call are actively involved and 35% of you aren't so I'm hoping that today's webinar will help you do that. As I mentioned healthy schools campaigns just published resources specifically for health advocates so be sure to check them out. Just as a final reminder that all of the audio and slides for this web forum will be available to download on Dialogue4Health websites. With that it's my pleasure to hand it over to Ruth Lindberg, officer of the Health Impact Project. Ruth, take it away.

>> Ruth Lindberg: Great. Thank you so much, Rochelle, and it's a pleasure to be here today. Thank you for your time on today's webinar. I'm going to talk about a Health Impact Assessment we recently conducted focusing on proposed regulations from the department of education around school level needs assessments specifically looking at proposed regulations for those assessments for low performing schools under Title I.

For those who may not be familiar with the Health Impact Project as Rochelle said we are a collaboration of the Robert Wood Johnson Foundation and the Pew Charitable Trusts. We were established in 2009 and really focus on reducing health inequities and improving health by making sure all considerations are brought across decision making. We have funding health impact assessments in communities across the country, state and local agencies and community-based organizations. We also conduct health impact assessments on federal level decisions and that's what I'll be focusing on today.

So the work behind Health Impact Assessment and the way what the Health Impact Project comes to our work really focuses on the fact that we know that social and economic and built environments where we live and work and play and learn have a major impact on our health outcomes so issues around housing or access to healthy foods, transportation and education are critical drivers of our health outcomes.

One of the challenges in this work is that typically decision making in those sectors may not think of health as a key factor and so health considerations about how a housing policy or an education policy may affect health are not typically at the forefront of decision maker's minds so one of the ways to address that is by using this approach of health impact assessments. You'll see on the screen the official definition of Health Impact Assessment but Health Impact Assessment or HIA is a structured but flexible process that using a range of different data sources as well as professional expertise in stakeholder input and it's used to identify and evaluate the potential health impacts of proposed decisions and to provide recommendations for how to protect and promote health. So used pro effectively to inform decision making. Again it's conducted to inform a specific decision so thinking prospectively about how something might affect health. It takes a broad analytic framework so when I use the term health in the context of HIA I'm thinking about all the social and environmental determinants of health. It focuses on collaboration of stakeholders and bringing diverse opinions and perspectives about the way the proposed policy may affect health and it focuses on solutions so making recommendations that are targeted and feasible and practical. And health equity is a core element that underpins all HIA. So Rochelle gave a great overview of ESSA and I want to emphasize a couple of points that are particularly relevant to this HIA. The first is that ESSA as Rochelle said places greater flexible and authority with states compared to no child left behind. It means the window to opportunity to use the findings from the HIA go well beyond the federal regulations we were looking at so states will have latitude to go above and beyond requirement answer use innovative approaches. The second is the law brings enhanced focus as well as on certain sub groups of students and others who may be facing negative health and education outcomes. Finally although this particular HIA focused on one specific component of the proposed Title I regulations related to needs assessments for low performing schools I want to emphasize needs assessments are mentioned in other places of the law. They are required if education agencies and schools want to combine their funds, they are required for districts receiving more than $30,000 for student support and academic enrichment grants. These templates are likely
to be used for all schools, not just the lowest performing schools.

So given that context I want to dive into some of the specifics of this HIA that we conducted. ESSA requires states to identify schools that are in need of comprehensive support. So these schools include the lowest performing five percent of elementary, middle and high schools, any public high school with a graduation rate of less than 67 percent, and any school that has one or more consistently underperforming subgroups.

In May the U.S. department of education released a draft rule that focused on the regulations for Title I programs and we looked at one section. And the regulations would require that the needs assessments examine academic achievement data, the schools performance on measures under their states accountability system, the reason the school is identified as needs support, and the districts have the discretion as part of their needs assessments for their flexibility to go beyond the requirements and they also specify the needs assessments must be completed with other school leaders and partners and parents, excuse me.

So this specific HIA assessed how those proposed school level knees assessment regulations understand Title I could affect health and health equity. The first stage is called screening and this is where you determine whether it's appropriate and feasible to conduct an HIA and whether it will add value to the decision making process. We decided to move forward with an HIA and determined that we could add value to the decision making by documenting a range of factors that affect student educational outcomes and their connection to health and by identifying opportunities for local education agencies to collect data on and address these issues in the needs assessments and improvement plans. The rule making has important implications relative to other schools in the states and many students are already at risk for poor health and education outcomes. The findings could be used broadly given the other aspects of the law that touch on needs assessments. So to touch on our HIA approach we used newly developed federal rapid HIA model that we worked on. Those that can be completed in a short time frame but still emphasize stakeholders. And so for this particular work we conducted a majority of the HIA assessment within a six week time frame in order to present initial findings as part of the department of education public comment process. We conducted a systematic literature review and completed interviews with 31 stakeholders to capture perspectives from key stakeholder groups, teachers and staff and parents and national and local policy experts.

We also examined eight case studies that we selected to showcase approaches and best practices that can be applied in other schools, districts and states moving forward into implementation of the final rule. You'll hear about two of these later from Sarah and Bridget. We submitted a public comment letter to the department of education and then drafted an HIA report which we expect to release in January. So I don't have time to talk through too much detail today given our other great panelists we want to hear from. Our assessment found that several student household and community factors including issues such as students' health, housing, food and violence can be drivers of education outcomes. These factors are often referred to as root cause issues that are affecting academic achievement. And the evidence identified through this HIA made clear that students cannot live up to their full potential when they’re affected by health challenges and root cause issues. And so we concluded that the proposed rule and needs assessments and plans could be strengthened by examining the underlying issues that are contributing to student academic achievement and school performance. By encouraging local educational agencies to address these issues in needs assessments we found what the department of education and state agency can maximize the benefits with both education and health. Low income students and students of color make up an overwhelming proportion of the students enrolled in these low performing schools and they are facing chronic health problems and issues related to food insecurity and hunger. Therefore the success of the needs assessment and the comprehensive support and improvement plan hopes to achieve equity gaps among the populations. We developed recommendations for five different groups. We will touch on a couple of examples. We provided recommendations specifically in how they can encourage districts to examine root causes of student performance and use those findings
in their plans. We touched on opportunities for providing guidance and technical assistance to states and local educational agencies. There’s templates in helping people with conducting needs assessments. And finally we focused on opportunities to broaden the stakeholders engaged including health and community partners, hospitals and instructional support personnel. So we expect that we will release the report in late January and happy to keep folks up to date on that. You’re welcome to look at the initial findings in our public comment letter on our website. Thank you for the opportunity to present today and I look forward to your questions at the end of the webinar. Feel free to reach out to me. And I’ll turn it back to Rochelle now. Thank you.

>> Rochelle Davis: Well, thank you, Ruth, for that presentation into your work. I'm looking forward to the final report. I think it will make an important contribution to the field. We are now going to hear from state and local samples. Before we do I want to bring up poll three and encourage all of you to respond. So how would you great the strength of existing education and health sector partnerships within your organization, community or area? So please go ahead and take a moment to vote on that question. And while people are voting, if you do have examples of things that are working or areas that perhaps or challenges that you've had successes, please use the question and answer feature. So it's on the right-hand side of your screen. So if we could call for the poll results, please. And, you know, after the next two presentations just a reminder that we will be having questions for the panel and so be sure to send those questions in. Do we have the poll results? Okay. It looks like there's at least a subset of you that feel very strong working relationship and almost a quarter of you who feel like it's adequate and 60% feel there's room for improvement. For stakeholder engagement and address something of the issues provide a really important opportunity to build those relationships.

So now I'm going to turn it over to Sarah Mathew, the director of health and wellness at the Colorado department of education. To you, Sarah.

>> Sarah Mathew: Thank, Rochelle and thank you for everyone for listening in today. I'm really excited to be followed by that question because I think in Colorado we made some really, really huge strides in our public health in education partnership. And in doing that, it has been very strongly reflected in our data collection effort which is what I'm going to talk to you about today. So Colorado is a very unique state. We are a very high local controlled state. The schools have a high level of autonomy, a low level of regulation from the state. And in my four years as the director of health and wellness here we have worked very, very hard to shift the view of our agency from a regulatory agency to one that is supportive to schools. And in doing that, what we heard from schools continually was that they were inundated and overburdened with requests. I know we used to be known for our mountains and skiing but three years ago we became known for something else in that we legalized marijuana in our state and with that become a lot of data collection requests from other states and countries. We are the great petri dish of what is going to happen. What we really strived to do was coordinate our efforts. We had public health asking schools for information. We had many different CDC surveys going into schools. So we pulled together three agencies and decided to really coordinate and work together on data collection. And the results are two different major surveys in our state. One of them is the Healthy Kids Colorado survey and that is a student level survey that serves as our youth risk behavior survey. And the other is the healthy schools smart source which is a school health policy and practice study or data collection effort that we do here in Colorado and we do that in partnership with other agencies as well. Healthy Kids Colorado is a survey that has a strong history here in our state. We the survey is a combined effort from the Colorado department of public health and environment, the department of health and human services and the department of education. The development and implementation of this survey is done in collaboration with many stakeholders across the state but those are the three primary agencies. We contract the work out to the University of Colorado Denver and they are our contractor that actually does the local level administration. Colorado is a largely rural state. We have 178 school districts here but about 90% of the students live in about 56 of those districts so we have many, many small rural districts that might even be one school K to 12 that's also a district. So data
collection efforts look very different in rural areas and urban areas here. The Healthy Kids Colorado survey has been in existence for about 20 years in one form or the other and in the last four years in this unified effort what we did was streamline and base it on the wire but we also incorporated many other questions, many or surveys, into the instrument. We still give it biannually however it is not confined to the CDC sample that we need to pull for CDC purposes. It is available to all schools across the state. We secured funding through marijuana excess tax dollars to make sure any school could participate. This data collection covers all the things that wire BS covers, it covers nutrition, healthy eating, active living, safety, sexual health, comprehensive health, everything that all of those other surveys did and some other statewide questions that we wanted to ask particularly in relation to marijuana use. The Healthy Kids Colorado has been utilized by partners and schools across the state for programming, to drive school health policies and practices and inform parents on relevant topics about health and well-being. We combined our funding so that all of the agencies pitch in on this and work together and so I think it's a really great example of what we are talking about at public health and education working in partnership. The data is very much owned by the schools. It stratified many different ways. Of course we have a statewide report that is aggregate across the state. We have also the data stratified by health statistic regions and by districts and even school level reports. What we heard from schools repeatedly was that they really wanted data that was usable to them. They did not find that the wire BS was very pertinent to them and very usable for their programming. We encourage schools and districts to use the Healthy Kids Colorado to drive their UIP process and be integrated into that data collection effort for unified improvement planning. Here are some examples of how the Healthy Kids Colorado date is used in our state. We are really encouraging schools and districts in conjunction with whole child model to utilize student voice at all levels. We want students on health advisory councils but we have incorporated them in state agencies as well so we have youth that sit on our Healthy Kids Colorado steering committee, they inform us on everything from the details of data collection to the questions that we need to ask and how we need to phrase them. So students use the data to promote effective programs and initiatives at the school level and also at the state and local level. Schools are using the data to identify trends and changes in health behaviors. School districts are using them that that unified improvement planning process and for their own district planning. Nonprofit organizations are using the data to identify needs and gaps in programming, collaborative partnerships are using the data to measure and impact new systems to improve health. State agencies have come together and used this data to address significant health needs and gaps, allocate our resources better, implement programs in a more streamline way. The Healthy Kids Colorado survey took a hit. We are a unique state that that Colorado's governor oversees all state agencies except for the department of education, the department of education is over seen by a state board of education. They are highly concerned about data collection in schools. It is something that they feel is very much their purview to protect the privacy of students and so we had kind of a tough year explaining to them the value of this and how consent should happen. We try and encourage schools to use a pass consent process in order to encourage participation. Schools have the ability to opt out of the survey, they have the ability to opt out of any questions or the survey as a whole. The school board came out and questioned the survey and questioned its anonymity so in 2015 our participation rate went down considerable to 16,000 students. We are working really hard in our state too get that back up to that 44,000 but we still feel like both administrations were extremely valuable and we he feel like it will continue to grow going forward. We are working directly with districts. The public Colorado department of public health and environment has a coordinator that works directly with districts to answer their questions and ease their concerns about data privacy.

The second data collection effort we have in Colorado is also a unified effort. It is the Colorado healthy schools smart source. This serves as our school policy and practice data collection effort in Colorado. We partner with the Colorado education initiative. They received a grant five years ago to streamline the same types of surveys that were going out to schools to look at
policies and practices and how they inform their programming and how it reflects in their academic achievement and their student needs. The healthy schools smart source was a really, really big collection of surveys. We started out with 20,000 questions that needed to be asked. So we worked really hard in conjunction with stakeholders to whittle that down to make it something that was really usable. And it was informed by multiple stakeholders and developed to the tool as it exists now. It is comprehensive, based on whole school, whole community, whole child initiative so it's a very comprehensive data collection effort that combines all components of school health. We have worked really hard. All schools are able to participate in this as well. We have worked really hard to make it very user friendly. We have done focus groups across the state. We have worked one on one with schools to make sure we did this in such a way that again they got back the data that they needed to drive their own programming and to identify their own needs but also that it was something that really was not too difficult and yet very comprehensive as you can imagine when you try and look at all school policies and practices and how they relate to different health sectors. So we have whittled it down and worked hard to make it something that is usable.

It's definitely been something that has grown in its ability to support schools in their unified improvement planning processes. Schools have been encouraged to use it in the UIP and many of them have. It's always been informing school recognition program so we are able to look at some of what schools are doing here and we have based a recognition for healthy schools on the smart source data collection so that schools can take a look at how they can improve and maybe be incentivized to do different work in their districts in schools based on those policies and practices. As far as how we are utilizing this data in the ESSA, a lot's of that has been touched on already. It's been used to inform our needs assessments. We are working very much here at the state to put together our ESSA plan in conjunction with many stakeholders. We have done a road show of sorts where we have taken it and viewed it in all different parts of the states. And we are asking all of them to look at their health and wellness data as part of their UIP but also their ESSA plans and how we can incorporate this to in the Title I school improvement area, in Title II for funds that support professional development and in Title IV for student support for academic achievement. We are very, very excited about the coming year because we will be doing both of these data collection efforts again. It's been a little bit of a rough start with the every other year. And we are looking forward to feedback from the schools on how they have been able to utilize this and how it will affect their plans going forward. That is how we are handling data here in Colorado. I am going to turn this over next to Bridget Clementi from children's hospital in Wisconsin to hear about what they're doing there.

>> Bridget Clementi: Sarah, thank you so very much. Excited to share with you briefly over the next ten minutes a little bit about children's hospital's commitment to school health on our initiative. We are known throughout our community and state as high pediatric care providers but we really have much more to offer our community than that. The purpose of today's presentation or for the purpose of today's presentation I want to briefly share with you that we have a number of primary care specialty care mental health dental services and community health services we pulled together to work closely with our schools.

You on the phone may be aware that hospitals are required to conduct a community health needs assessments every three years. All hospitals must use this assessment to identify their needs, to create implementation strategies so to how they would respond to those needs. This is the year that many hospitals are conducting their health needs assessments. You're able to reach out directly to them to seek out ways in which school partners can be included in their assessments, in their implementation plans to ensure we are working collaboratively to bring health and education more closely together.

Many listening may be asking why? Why does a children's hospital or why does children's hospital Wisconsin invest in partnerships with schools across the state? Well we are very often times guided by evidence-based programs, evidence-based practices as an academic institution. The real why that we begin this work is due to our children and community this. It's a picture of Lucy,
an eight year old girl with a history of poorly uncontrolled diabetes and has spent many days in our hospital and many days out of school. So the more time as we all know that's spent out of school the further behind in school Lucy becomes and we can mitigate this by approaching a collaboration between health and education differently so we really can insure that Lucy stays well managed and stays in school. In order to do that children's hospital Wisconsin is working towards a vision of insuring Wisconsin has the healthy kids in the nation. We are taking a broad definition as you heard others mention today of health being a complete state of physical, mental, social well-being and not simply the absence of disease or infirmity. Another component that grounds our work is the social determinants of health. Research has demonstrated that there are far more impactful influences on health than just simply health care alone. So while sometimes schools may believe that health care or that schools really need health care it's the reflect is also true that health care really needs schools to be active partners to insure that we can meaningfully contribute to the health of the community.

Let me introduce you to our specific population for which I'll be sharing our work today. Today I'll be highlighting the resources and efforts that are specific to these three neighborhoods in the city of Milwaukee. Each neighborhood represents a number of community assets and the readiness to change their poor health outcomes, high health disparities and many challenges that families face each day.

You'll see here quickly at a glance some of those health challenges. I want to call your attention to two that are in the red circles. The high poverty rates and high rates of asthma, both are contributing factors to children not being able to attend school consistently and not ready to learn when they are at school. We really approach our work with community health bringing care closer to home and of course that means closer to school. We are very much founded on our work is very much founded on the whole school, whole community and whole child model that you heard referenced today. I'll dig a little deeper in that model. In addition to following this model, we have many years of established relationships at all levels of education which we find to be incredibly beneficial and supportive of our work both at the school, district and state levels. We have been working closely with Milwaukee public school administration to implement the WSCC model. Many of you may be aware of this model and it helps to bring together health and education to work together. More specifically these are the areas of focus in which we bring our resources directly to the schools. We serve schools by providing full-time school nurses in each of our ten partner schools. Our school nurses work closely with our primary care and specialty care providers, and are important to leveraging point in our ability to leverage shared medical records between all of those providers.

In terms of family engagement we employ community health workers and they work directly with families in areas of connecting families to resources that the school nurse may not be as intimately aware of or have the time to dedicate. We have E-learning curriculum which we work closely with the schools and provide curriculum directly to the schools at no cost and we are able to partner with each of the schools for them to identify a school health coordinator. I will mention that we are having some great promising results. We are able to build an integrated care delivery team, we have seen an increase in preventive care that's offered at our schools and the families attention to preventive care. And we are seeing consistent return to class rates with published literature. The end of Lucy's story is she is spending more time in school because we found that working with her and her family that they were homeless so it was due to the fact that they didn't have refrigeration to her insulin. And now working with the nurse they are able to insure that Lucy has more time in the classroom and less time in our hospital. For future questions because I know that we are short on time feel free to contact me directly in my e-mail and my phone number is on the screen for that reference. And now I'll turn the presentation back to Rochelle.

>> Rochelle Davis: Thank you so much. Excuse me. We are very short on time so I am going to go right into questions and as you can see from the screen if you have a question and want to ask it, please feel free to get that in cue. We will not be able to answer all of the questions at this webinar but the panelists and I have agreed that we will follow up and make sure everyone's questions get
answered. The first question is did the HIA assess any data regarding adverse childhood experiences or resiliency?

>> Ruth Lindberg: This is Ruth, I'm happy to answer that. We did look at adverse childhood experiences in the HIA as part of the literature review component and understanding some of the data about adverse childhood experiences related to education outcomes and health outcomes around behavioral health and mental health.

>> Rochelle Davis: Thank you. So the next question and I think unfortunately our last question, actually -- now I've lost it, I'm sorry. I can get to the heart of what we all are trying to do. And so the question is how can we shift the culture among existing school leaders and district administrators who want to coordinate school health? So maybe both Sarah and Bridget, you can briefly speak to that question.

>> Sarah Mathew: This is Sarah. I think we have worked really hard here in Colorado and this data collection effort is one of the instruments we use to make the case for administrators to buy in this. When we are able to hand them their own data at the school level or at the district level and show them what their students are telling them and what practices and policies they're implementing. That's been a huge driver in getting administrative folks on board for us. Bridget?

>> Bridget Clementi: I would agree that data shows the details behind why kids are missing school, why they're not able and ready to learn. But really taking an opportunity to learn about the health data is just as important in understanding the social determinants of health are really drivers to the outcomes that we are all jointly looking for.

>> Rochelle Davis: Thank you. And thanks again to all of our presenters today. You offered very important information in important perspectives. I also want to thank our sponsors for today's web forum, the American public health association, the prevention institute, the Public Health Institute, and trust for America's health. We couldn't do this without the tremendous support and background work of colleagues at these organizations. I also want to thank our cosponsors whose logos are lifted here and I would like to thank Dialogue4Health staff, Dave Clark and Laura Burr for their work behind the scenes in putting this together. Incredible work. And this has been improving school health, assessing the health impact of Title I needs assessment regulations in Every Student Succeeds Act. You can download a recording a copy of today's webinar at www.dialogue4Health.org and we will follow up with the questions we weren't able to answer. Thank you so much as I turn things back over to Dave.

>> Dave Clark: Thanks so much Rochelle and I would like to thank all of our presenters today for their insight in improving school health and thanks to our partners and sponsors. A recording of today's session will be available shortly at www.dialogue4Health.org. You'll also receive an e-mail with a link to the slides and it will also include a brief survey. We would like to know your thoughts for today's web forum and what topics you would like for the future web forms. Please be sure to take a couple moments to complete that survey. Thank you for joining us today. That does conclude today's web forum. Have a great day.

(Webinar concluded)