Data and ESSA in Colorado
Coloradans from all corners of the state, in towns big and small, use data from the Healthy Kids Colorado Survey to inform their communities on how to support growing the healthiest youth in the country. The results of the Healthy Kids Colorado Survey are intended to help with such things as:

- Inform the creation of programming to support students’ academic success.
- Provide direction for schools and communities to address health issues.
- Inform parents on relevant topics areas that enhance parent-child conversations about their health and well-being.
- Secure program funding for schools, community organizations, and local and state government agencies.
Examples of HKCS - Data in Action

**Students** — use the data to promote effective programs and initiatives in their schools.

**Schools** — use the data to identify trends and changes in youth health and behaviors.

**School Districts** — use date to identify youth health needs and gaps and to implement proven programs to address those needs.

**Non-profit and Youth-serving Organizations** — use the data to identify needs and gaps.

**Collaborative Partnerships** — use the data to measure the impact of new systems to improve youth health.

**State Agencies** — use the data to address significant health needs and gaps, allocate resources, implement programs and conduct evaluations.
School Health Assessment of Policies and Practices

| Comprehensive of all school health components | Streamlines how data are collected and reported | Developed and informed by multiple stakeholders | Administered statewide to all school-levels | Used to inform improvements to school health efforts |
For more information:

Sarah Mathew- Director of Health and Wellness

Colorado Department of Education
Innovation and Pathways
Health and Wellness Unit
1580 Logan St.
Suite 200
Denver, CO 80203

Phone: 303-866-6903
Email: mathew_s@cde.state.co.us
Bridget Clementi, MBA
Vice President, Community Health
Children’s Hospital Wisconsin

Website: www.chw.org
Exploring Future Collaboration in Education, Health and Prevention

Children’s Hospital of Wisconsin
Community Health Needs Assessment

- Not-for-profit hospitals, in order to maintain their tax-exempt, or "charitable," status, under section 501(c)(3) of Federal Internal Revenue Code, are required to provide benefit to the community that they serve.

- Therefore, hospitals are required to explicitly and publicly demonstrate community benefit by:
  - Conducting a community health needs assessment; and
  - Adopting an implementation strategy to meet the identified community health needs;

- Supports management of population health efforts and informs decisions about clinical and community services, health promotion and prevention programs.
Why are we motivated

Investing in the health of children
“Lucy”
“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

- World Health Organization, 1948
Factors that define a child’s health.

Staying healthy is mostly about what happens outside the doctor’s office.

40% The choices we make.
(food, exercise, safety)

30% What we’re born with.
(family history)

20% The rest comes from:
The world around us.
(home, school, community)

10% In fact, only 10% of our health comes from access to quality health care.

Children’s Partner Neighborhoods
## Health Driver Data

<table>
<thead>
<tr>
<th>Measure</th>
<th>Partner Communities</th>
<th>Milwaukee</th>
<th>Wisconsin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Density</td>
<td>9838/sq mi</td>
<td>6177/sq mi</td>
<td></td>
</tr>
<tr>
<td>Population &lt; 18 years</td>
<td>42%</td>
<td>28%</td>
<td></td>
</tr>
<tr>
<td>Persons living in poverty</td>
<td>44%</td>
<td>21%</td>
<td>19%</td>
</tr>
<tr>
<td>Low birth weight babies</td>
<td>12%</td>
<td>9.9%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Infant death rate</td>
<td>12.5/1000 births</td>
<td>9.6/1000 births</td>
<td>5.1/1000 births</td>
</tr>
<tr>
<td>Asthma prevalence</td>
<td>&gt;20%</td>
<td>12%</td>
<td>7.6%</td>
</tr>
<tr>
<td>Caregivers with HS graduation</td>
<td>54%</td>
<td>75%</td>
<td>90%</td>
</tr>
<tr>
<td>Properties: Owner-occupied</td>
<td>29%</td>
<td>62%</td>
<td></td>
</tr>
<tr>
<td>Properties: With open violation</td>
<td>22%</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>Properties: Vacant</td>
<td>20%</td>
<td>4%</td>
<td></td>
</tr>
</tbody>
</table>

**Data sources:** Community Mapping and Analysis for Safety Strategies (COMPASS); Census Bureau; WI Department of Health Services; Milwaukee public health
How we approach innovation

Care closer to home (and school)
School Health Initiative

- Coordinate and collaborate with schools, families and communities for health promotion.
- Increase capacity to implement WSCC model and leverage community/school resources.
- Increased access to and participation in prevention programs and services.
Coordination of Children’s Hospital of Wisconsin resources including:

- Community Health Workers (Navigators),
- School Nurses,
- Health education resources, and
- Community-based primary and dental health services.

Children’s demonstrates partnership with schools and communities.
Promising Early Results

Integration of care team
• Navigator referrals
  – School nurses
  – Primary care
  – Specialists

Condition management
• More use of preventive healthcare in schools with school nurses
  – Frequency of primary care visits for asthma management
  – Filling of preventive asthma medications

School Impacts
• Return to class rates consistent with published rates
Lucy

- 8 years old
- Insulin-dependent diabetes with frequent hospitalizations
- Poor compliance with clinic visits
- Questionable health literacy
Bridget Clementi, MBA
Vice President, Community Health
bclementi@chw.org
414-337-7798
Children’s Hospital of Wisconsin

Kids deserve the best.