

# Utilizing WSCC and the Youth Risk Behavior Survey to Support the School Health Environment

Nicole Barber-Culp, KDPH and Stephanie Bunge, KDE

October 10, 2019



**Kentucky Public Health**  
Prevent. Promote. Protect.

Dr. Jeffrey D. Howard, *Commissioner*

# Objectives

- Review the Whole School, Whole Community, Whole Child Model to support health in the school environment.
- Overview of the use of Maternal and Child Health Funds and their role in improving the school health environment.
- Utilizing YRBS data to determine supports to improve the school health environment.



**Kentucky Public Health**  
Prevent. Promote. Protect.

# Kentucky Healthy Schools Team

## Kentucky Department of Education

Jim Tackett - Project Director

Stephanie Bunge - School Health Consultant, @SBungeCSH

## Kentucky Department for Public Health

Nicole Barber-Culp - CSH Program Manager, @culp\_barber

# 1801 Cooperative Agreement Award – KDE and CDC

- ▶ June 30, 2018 – June 29, 2023
- ▶ Nutrition, PE/PA, Out of School Time, Management of Chronic Conditions
- ▶ 3 Strategies
  - Infrastructure Development
  - Professional Development and Training
  - Technical Assistance

# 1807 Cooperative Agreement Award – KDE and CDC

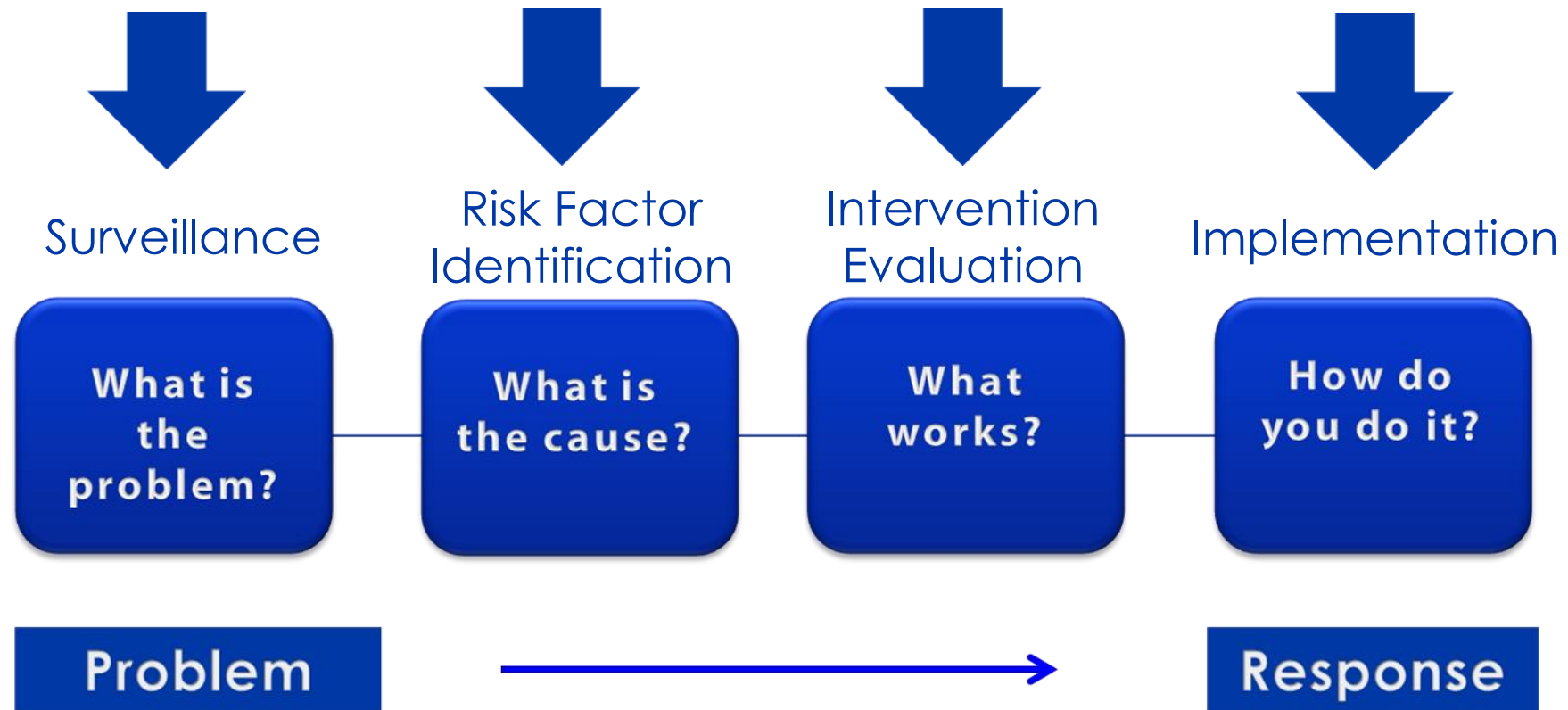
- ▶ August 1, 2018 – July 31, 2023
- ▶ Promoting Adolescent Health Through School-Based Surveillance
- ▶ 2 Surveillance Administrations
  - Youth Risk Behavior Survey (YRBS) – odd-numbered years
  - School Health Profiles (Profiles) – even-numbered years

# **The Why.....**

**What comes to mind when you hear  
public health + education?**

# A Public Health Approach

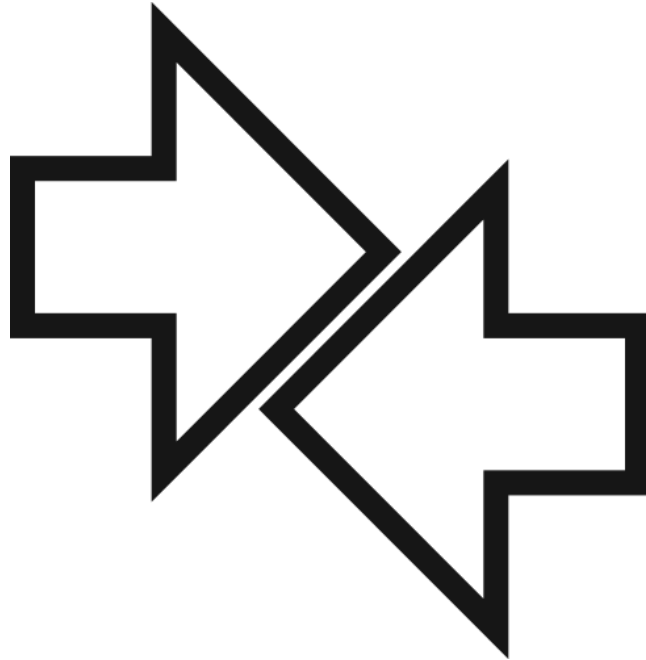
---



# LEARNING & HEALTH



**Improved  
Academic  
Achievement**



**Better  
Health**

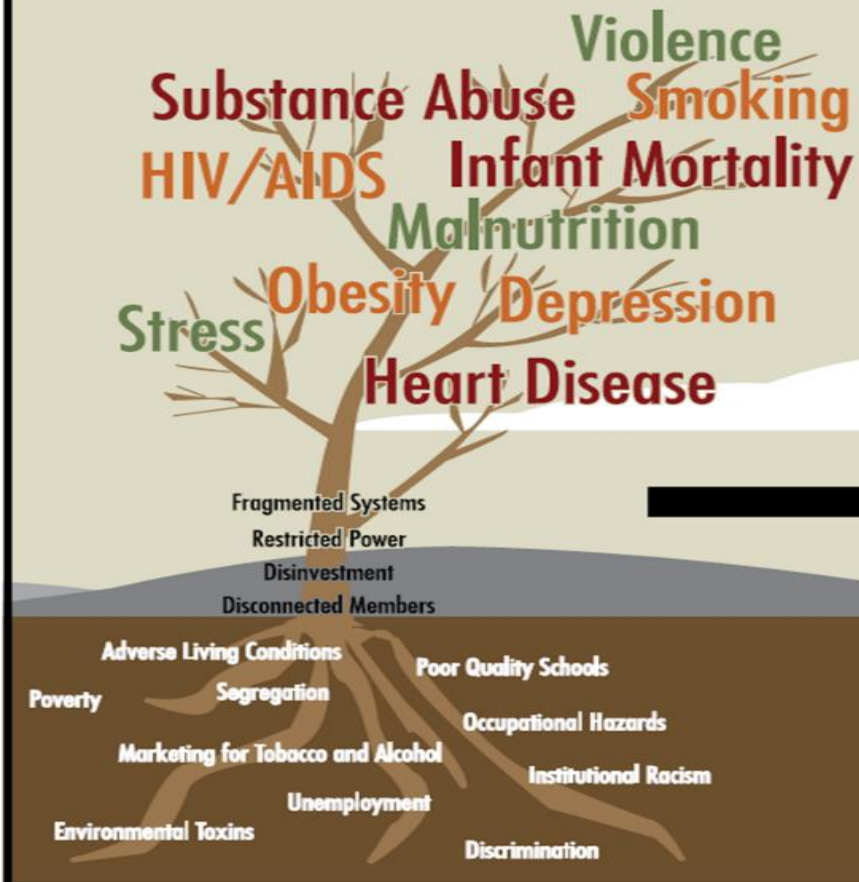
*References on the link between learning and health are available at:*

*[www.chronicdisease.org/resource/resmgr/school\\_health/wscs\\_ppt\\_references.pdf](http://www.chronicdisease.org/resource/resmgr/school_health/wscs_ppt_references.pdf)*

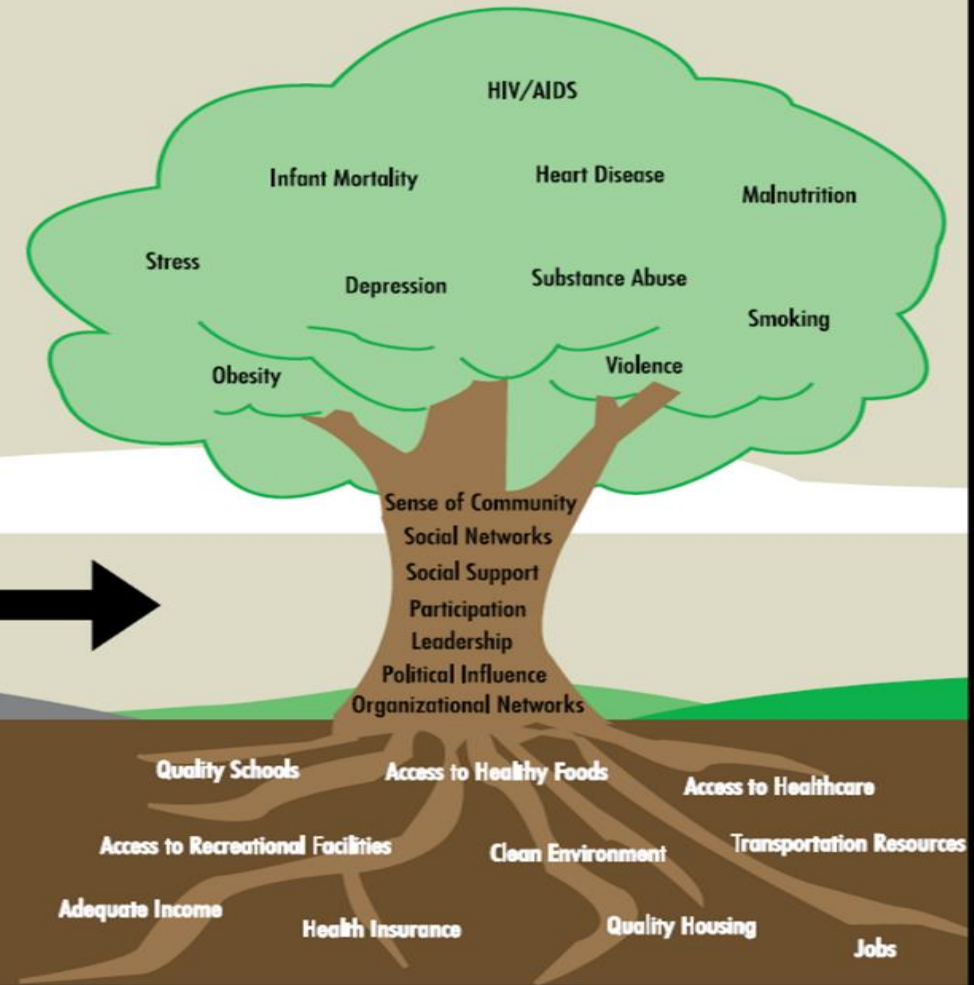
*Additional information can be found at: [www.cdc.gov/healthyschools/health\\_and\\_academics/index.htm](http://www.cdc.gov/healthyschools/health_and_academics/index.htm)*



**When inequities are high and community assets are low, health outcomes are worst.**



**When inequities are low and community assets are high, health outcomes are best.**



# Whole School Whole Community Whole Child Model (WSCC) and Health Equity

WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD



- EQUITY- The school social environment affects student attendance, academic achievement, engagement with learning, likelihood of graduation, social relationships, behavior, and mental health.
- Academic success and achievement strongly predicts overall adult health outcomes.
- High school graduation leads to lower rates of health problems and risk for incarceration as well as enhanced financial stability and socio-emotional well-being during adulthood.

# THE FIVE WHOLE CHILD TENETS



# THE TEN WSCC COMPONENTS



# THE COMMUNITY

Schools are part of a community and support from the community is essential.

School-community collaborations can be built with:

- Local health departments
- Hospitals
- Businesses
- Social service agencies
- Parks & recreation
- Law enforcement
- Churches





## Maternal and Child Health Funds

- NPM 8.1 Physical Activity Ages 6 through 11 , Number of early care and education professionals completing online training modules
- NPM 8.2 Physical Activity Ages 12 through 17, Number of districts receiving training or technical assistance for strategies to create a healthy school nutrition environment, or evaluation of recess and multi-component education policies.
- NPM 13.2 Preventive Dental Visit Child/Adolescent Fluoride varnish applications for children in local health departments.
- NPM 14.2 Implementation of 100% Tobacco-free School Policies.

# MCH Adolescent Health Evidence-Informed Packages

WHOLE SCHOOL, **WHOLE COMMUNITY**, WHOLE CHILD

## Healthy People Active Communities

- Community Involvement
- Family Engagement
- Physical Environment
- Health Education
- Employee Wellness
- Nutrition Environment and Services

## Bullying and Suicide Prevention

- Social and Emotional Climate
- Counseling, Psychological, and Social Services
- Access to Mental Health Services



## Coordinated School Health

- Health Education
- PE and PA\*
- Nutrition Environment
- Employee Wellness
- Student Health Services and Chronic Disease Management and Prevention

## Tobacco Free Schools

- Physical Environment
- Employee Wellness
- Health Education

\*PE: Physical education; PA: Physical activity

# Every Student Succeeds Act (ESSA) Connections

- Promoting community and parent involvement in schools.
- Providing school-based mental health services and counseling.
- Promoting supportive school climates to reduce the use of exclusionary discipline and promoting supportive school discipline.
- Supporting re-entry programs and transition services for justice-involved youth.
- Implementing programs that support a healthy, active lifestyle (nutritional and physical education).
- Implementing systems and practices to prevent bullying and harassment.
- Developing relationship building skills to help improve safety through the recognition and prevention of coercion, violence, or abuse.
- Establishing community partnerships.



# Opportunities for Partnerships

## PARTNERS

- Contract or MOA for Mental Health Services
- Federally Qualified Health Centers
- County Extension Office
- Faith Based Entity or Community Organization (YMCA and Boys and Girls Club)
- Local University
- Educational Cooperatives, Professional Associations

## SERVICES

- Mental health education; prevention; early intervention
- Clinical services, staff and students
- Nutrition Classes, School Gardens
- Afterschool/Out-of-School Time Programs
- Mentorship programs and extended academic programs for students
- Professional Development for Teachers

## Small Group Discussions

- What are three health priorities/areas needing to be addressed by schools/districts?
- What are the partnerships your school could have to support these initiatives?
- What are some next steps and opportunities to enhance the work in these areas?

# Determining Partnerships With Data

# Youth Risk Behavior Survey (YRBS)

- ▶ YRBS monitors six categories of priority health-risk behaviors among youth and young adults including:
  - behaviors that contribute to unintentional injuries and violence (including suicide),
  - tobacco use,
  - alcohol and drug use,
  - sexual behaviors that contribute to unintended pregnancy and STDs, including HIV infection,
  - unhealthy dietary behaviors,
  - and physical activity.



What percent of high school had ever been told by a doctor or nurse that they had asthma?

- ▶ **A. 26.0%**
- ▶ **B. 38.1%**
- ▶ **C. 10.9%**
- ▶ **D. 19.6%**



What percent of high school had ever been told by a doctor or nurse that they had asthma?

- ▶ **A. 26.0%**
- ▶ B. 33.7% (Arkansas)
- ▶ C. 10.9%
- ▶ D. 18.7% (KY MS)



What percent of high school students brushed their teeth on all 7 days (during the 7 days before the survey)?

- ▶ **A. 84.2%**
- ▶ **B. 70.6%**
- ▶ **C. 90.1%**
- ▶ **D. 64.8%**



What percent of high school students brushed their teeth on all 7 days (during the 7 days before the survey)?

- ▶ A. 84.2%
- ▶ B. 70.6% (MS 73.3%)
- ▶ C. 90.1%
- ▶ D. 64.8%





What percent of middle school students drank a bottle or glass of plain water one or more times per day?

- ▶ **A. 69.7%**
- ▶ **B. 74.1%**
- ▶ **C. 59.5%**
- ▶ **D. 64.5%**



What percent of middle school students drank a bottle or glass of plain water one or more times per day?

- ▶ A. 69.7%
- ▶ B. 74.1%
- ▶ C. 59.5% (HS)
- ▶ D. 64.5%



Of Kentucky middle school students who reported they mostly got D's/F's, what percentage ever used an electronic vapor product?

- ▶ **A. 68.2%**
- ▶ **B. 46.8%**
- ▶ **C. 19.6%**
- ▶ **D. 35.8%**



Of Kentucky middle school students who reported they mostly got D's/F's, what percentage ever used an electronic vapor product?

- ▶ A. 68.2% (HS)
- ▶ B. 46.8% (HS mostly B's)
- ▶ C. 19.6% (MS mostly B's)
- ▶ D. 35.8%



What percent of high school students who were electronically bullied (during the past 12 months)?

- ▶ **A. 32.6%**
- ▶ **B. 23.3%**
- ▶ **C. 18.2%**
- ▶ **D. 40.1%**



What percent of high school students who were electronically bullied (during the past 12 months)?

- ▶ A. 32.6%
- ▶ B. 23.3% (MS)
- ▶ C. 18.2%
- ▶ D. 40.1%



# Other YRBS Points

► The data is also broken down into:

- Male/Female
- Age
- Grade
- Race/Ethnicity

► Additional Reports

- Academic Achievement
- Trend Report
- Sexual Identity
- Sexual Contacts



# How To Use Data .....

- Create Awareness
- Leverage Partners
- Leverage Funds
- Measure Progress
- Available National Data -Youth Risk Behavior Survey (YRBS), Behavioral Risk Factor Surveillance System (BRFSS), Annie E. Casey Kids Count, County Health Rankings
- Infinite Campus – Kentucky Student Information System (statewide)
- State Education Agency Accountability Measures and Progress
- State Education Agency School Safety Data



# Resources

- Whole School Whole Community Whole Child Implementation Guide.

[https://cdn.ymaws.com/www.chronicdisease.org/resource/resmgr/school\\_health/NACDD\\_TheWholeSchool\\_FINAL.pdf](https://cdn.ymaws.com/www.chronicdisease.org/resource/resmgr/school_health/NACDD_TheWholeSchool_FINAL.pdf)

- Promoting Healthy Youth, Schools, and Communities. A Guide to Community-School Health Councils.

<http://idph.iowa.gov/Portals/1/Files/HPCDP/Covers.pdf>

- Partner Build Grow. An Action Guide for Sustaining Child Development and Prevention Approaches.

<http://actionguide.healthinschools.org/>

# Thank you!

Nicole Barber-Culp , KY Dept. for Public Health [mary.barber-culp@ky.gov](mailto:mary.barber-culp@ky.gov)

Stephanie Bunge, KY Dept. of Education [Stephanie.bunge@education.ky.gov](mailto:Stephanie.bunge@education.ky.gov)



**Kentucky Public Health**

Prevent. Promote. Protect.

---