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

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October 10, 2019
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 Healthy Schools Team

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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
What comes to mind when you hear public health + education?
A Public Health Approach

Surveillance
Risk Factor Identification
Intervention Evaluation
Implementation

What is the problem?
What is the cause?
What works?
How do you do it?

Problem
Response
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/wssc_ppt_references.pdf
Additional information can be found at: www.cdc.gov/healthyschools/health_and_academics/index.htm
When inequities are high and community assets are low, health outcomes are worst.

Violence  
Substance Abuse  
HIV/AIDS  
Smoking  
Infant Mortality  
Malnutrition  
Obesity  
Depression  
Heart Disease

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

- HIV/AIDS
- Infant Mortality
- Heart Disease
- Malnutrition
- Stress
- Depression
- Substance Abuse
- Smoking
- Violence
- Obesity
- Sense of Community
- Social Networks
- Social Support
- Participation
- Leadership
- Political Influence
- Organizational Networks

- Quality Schools
- Access to Healthy Foods
- Access to Healthcare
- Access to Recreational Facilities
- Clean Environment
- Transportation Resources
- Adequate Income
- Health Insurance
- Quality Housing
- Jobs

- Adverse Living Conditions
- Segregation
- Marketing for Tobacco and Alcohol
- Unemployment
- Environmental Toxins
- Poor Quality Schools
- Occupational Hazards
- Institutional Racism
- Discrimination
- Fragmented Systems
- Restricted Power
- Disinvestment
- Disconnected Members
Whole School Whole Community Whole Child Model (WSCC) and Health Equity

- **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

healthy
safe
challenged
supported
engaged
THE TEN WSCC COMPONENTS
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

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

Thank you!

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