School Population Health
Department of Health

Torey Mack, MD
Family Health Bureau Chief
Community Health Administration
DC Department of Health
What is Health?

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

World Health Organization
What is Public Health?

“Public health is the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals”

World Health Organization
What is Population Health?

“Population health is the health outcomes of a group of individuals, including the distribution of such outcomes within the group”

District of Columbia Student Health Needs
Population Health: Student Health Needs Assessment

- DC public education system serves 85,403 youth between ages 3 and 18+ across two public education sectors: District of Columbia Public Schools (DCPS) and District of Columbia Public Charter Schools (DC PCS)
Population Health: Student Health Needs Assessment

- 44% are eligible for the Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF), a proxy measure of student poverty.

<table>
<thead>
<tr>
<th>School Location</th>
<th>Total Enrollment</th>
<th>TANF/SNAP Eligible Enrollment</th>
<th>ELL Enrollment</th>
<th>SPED Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward 1</td>
<td>5953</td>
<td>2365 (40%)</td>
<td>1841 (31%)</td>
<td>679 (11%)</td>
</tr>
<tr>
<td>Ward 2</td>
<td>2377</td>
<td>509 (21%)</td>
<td>276 (12%)</td>
<td>241 (10%)</td>
</tr>
<tr>
<td>Ward 3</td>
<td>6932</td>
<td>533 (8%)</td>
<td>528 (8%)</td>
<td>573 (8%)</td>
</tr>
<tr>
<td>Ward 4</td>
<td>6890</td>
<td>2617 (38%)</td>
<td>1821 (26%)</td>
<td>945 (14%)</td>
</tr>
<tr>
<td>Ward 5</td>
<td>4510</td>
<td>2517 (56%)</td>
<td>116 (3%)</td>
<td>712 (16%)</td>
</tr>
<tr>
<td>Ward 6</td>
<td>7109</td>
<td>3066 (43%)</td>
<td>199 (3%)</td>
<td>1123 (16%)</td>
</tr>
<tr>
<td>Ward 7</td>
<td>5531</td>
<td>3929 (71%)</td>
<td>68 (1%)</td>
<td>945 (17%)</td>
</tr>
<tr>
<td>Ward 8</td>
<td>8130</td>
<td>6140 (76%)</td>
<td>22 (&lt;1%)</td>
<td>1350 (17%)</td>
</tr>
</tbody>
</table>
Health and Wealth

Source: Data Management and Analysis Division, Center for Policy, Planning and Evaluation, DC Department of Health.
Note: Ward distribution based on 2012 ward boundaries.
Health and Education

Figure 8. Percent Completed College, ACS 2006-2010

Figure 42. Map of Homicide/Assault Crude Death Rates by Ward, 2010

Source: Data Management and Analysis Division, Center for Policy, Planning, and Evaluation, DC Department of Health
Population Health: DC Student Health Needs

• Chronic Health Problems
  – In 2012, 19% reported they were not in excellent or very good health, ↑from 17% in 2003
  – Over 28,000 (33%) have at least one chronic condition
  – For the 2014-2015 school year, the most common chronic health conditions included:
    • Asthma (13,365 students),
    • Allergies (5,204 students),
    • Attention Deficit Hyperactive Disorder (1,626 students)

Population Health: DC Student Health Needs

• Behavioral Health
  – Large share of DC youth have experienced Adverse Childhood Experiences (ACEs)
  – Exposure has contributed to high levels of behavioral health issues for DC students
    • 17% had one or more emotional, behavioral, or developmental conditions, a 2% increase from 2007
    • Self-reporting of attempted suicide has consistently been double the national average
    • District youth report higher than average rates of drug use

Determinants of Health

Health Behaviors: 30%

Clinical Care: 20%

Physical Environment: 10%

Social & Economic Factors: 40%

Policies & Programs: 50% =

Health Factors = 50%
Causes of Health Inequities

• Socioeconomic Status
  – Poverty
  – Unemployment
  – Institutional Racism
  – Education
  – Neighborhood Segregation
How Do We Improve Health?

Factors that Affect Health

Smallest Impact

Counseling & Education

Clinical Interventions

Long-lasting Protective Interventions

Changing the Context to make individuals’ default decisions healthy

Socioeconomic Factors

Examples

Eat healthy, be physically active

Rx for high blood pressure, high cholesterol, diabetes

Immunizations, brief intervention, cessation treatment, colonoscopy

Fluoridation, 0g trans fat, iodization, smoke-free laws, tobacco tax

Poverty, education, housing, inequality

CDC
DOH School Health Program Goals

- Healthy and ready to learn
  - Enable children to reach their optimal health so they are able to learn in a safe and supportive environment

- The right care, at the right time, in the right place
  - Improve population health outcomes for children by timely utilization of age-appropriate physical, mental, oral, and behavioral health services

- Maximize resources
  - Optimally utilize resources available in the community and school

- Family centered
  - Value the role of the family in health decision making
Whole School, Whole Community, Whole Child (WSCC) Model

http://www.cdc.gov/healthyyouth/wsc/index.htm
DOH School Health Program Goals

School Health Initiatives

• School health services
  – Clinical services in 175 schools
    • assist in health plan development, administration of medications (AOM) and procedures ordered by providers, AOM training, Assess acute health complaints, screenings, review school health forms
  – Improve care coordination
    • review health forms, coordinate with medical homes and families, proactive disease management
  – Provide children and families with assistance as they navigate their community resources
  – Improve and standardize quality of care
School Health Initiatives

- DOH funds School based health centers in 7 schools
  - Anacostia HS
  - Ballou HS
  - Cardozo Education Campus
  - Coolidge HS
  - Dunbar HS
  - Roosevelt HS
  - Wilson HS

- Primary and Preventive Care
  - Well Child Visits, Physicals, Immunizations, Chronic Disease Management, Nutrition Counseling, Acute Care, Substance Abuse Screening, Family Planning, Prenatal Care, STD Counseling & Treatment

- Behavioral Health
- Oral Health Care
School Health Services: What’s Our Role in Population Health?

• Health and education are linked: healthier children are better students and better education yields greater health outcomes
  – Critical link between student health and academic performance
• Social determinants of health may impact health immediately or not for many years
  – acting early to address root causes of poor health outcomes and disparities can make a difference
• Adolescence is a critical period of life for all individuals
  – choices made in this period can:
    • impact life course trajectory
    • impact their long-term health and wellbeing
SBHCs: What’s Our Role in Population Health?

• Data shows SBHC have a direct and indirect impact on:
  – Access to Health Care
  – Asthma
  – Chronic Absenteeism
  – Healthy Eating and Active Living
  – Mental Health
  – Reproductive Health
  – School Climate
  – Social Determinants of Health
  – Student Success
  – Substance Abuse Prevention
Adolescent Health Initiatives

• Skills-building through evidence-based or promising programs:
  – Healthy relationships
  – Conflict resolution
  – Violence prevention
  – Teen pregnancy prevention

• Engagement in organized efforts to reduce youth tobacco initiation and teen pregnancy

• Promotion of adolescent-friendly health services
Overarching School Health Goals

• To improve the social, emotional, physical and behavioral health of students, as well as minimize the effects of poverty and other adverse experiences, enabling students to thrive in the classroom and beyond