

School Success: An Opportunity for Population Health Action A Workshop

Reading/Resources List¹

Why educational success matters for health

Woolf-

- Hahn, Robert A., and Benedict I. Truman. "Education improves public health and promotes health equity." *International Journal of Health Services* 45, no. 4 (2015): 657-678.
- Zimmerman, Emily, and Steven H. Woolf. "Understanding the Relationship between Education and Health." The National Academies. <http://nam.edu/wp-content/uploads/2015/06/BPH-UnderstandingTheRelationship1.pdf>
- Center on Society and Health. Education: It Matters More to Health than Ever Before. Virginia Commonwealth University, 2014. <https://www.rwjf.org/en/library/research/2014/01/education--it-matters-more-to-health-than-ever-before.html>
- Center on Society and Health. Why Education Matters to Health: Exploring the Causes. Virginia Commonwealth University, 2014. <https://societyhealth.vcu.edu/work/the-projects/why-education-matters-to-health-exploring-the-causes.html>

How the health sector can improve educational outcomes

Basch-

- Basch CE. Healthier Students are Better Learners. New York: Campaign for Educational Equity, 2010. <https://files.eric.ed.gov/fulltext/ED523998.pdf>
- Basch, Charles E., Delaney Gracy, Dennis Johnson, and Anupa Fabian. "Health Barriers to Learning and the Education Opportunity Gap. Progress of Education Reform. Volume 15 Issue 3." Education Commission of the States (2015). <https://www.ecs.org/the-progress-of-education-reform-health-barriers-to-learning-and-the-education-opportunity-gap/>

¹ The speakers provided these readings and resources for the attendees' reference. Please check the [workshop page](#) for updates to the reading/resource list as speakers may add items.

How public health and health care tools can help support educational success

Collins-

- Kodjebacheva, Gergana Damianova, Sally Maliski, and Anne L. Coleman. "Use of eyeglasses among children in elementary school: perceptions, behaviors, and interventions discussed by parents, school nurses, and teachers during focus groups." *American Journal of Health Promotion* 29, no. 5 (2015): 324-331.
- Slavin, Robert E., Megan E. Collins, Michael X. Repka, David S. Friedman, Lucy I. Mudie, Josephine O. Owoeye, and Nancy A. Madden. "In Plain Sight: Reading Outcomes of Providing Eyeglasses to Disadvantaged Children." *Journal of Education for Students Placed at Risk (JESPAR)* (2018): 1-9.

Sakashita-

- Center for Healthy Schools and Communities <http://www.achealthyschools.org/>
- ACHE -School Health Works, Tools, Tips, and Wisdom for Successful School Health Initiatives <http://www.achealthyschools.org/schoolhealthworks/programs/index.html>
<http://www.achealthyschools.org/schoolhealthworks/tools---resources.html>
- Workbook on starting and sustaining a school health initiative.
http://www.achealthyschools.org/schoolhealthworks/assets/152_how_to_start_and_strengthen_a_school_health_initiative.pdf
- Creating Trauma-Informed Schools in Alameda County – Building Cultures of Understanding and Support http://www.achealthyschools.org/schoolhealthworks/assets/121_creating_trauma-informed_schools_in_alameda_county.pdf
- Task Force Recommends School-Based Health Centers to Promote Health Equity <https://www.thecommunityguide.org/content/task-force-recommends-school-based-health-centers-promote-health-equity>
- Alameda County Health Center Model http://www.achealthyschools.org/schoolhealthworks/assets/125_school-health-centers_our_model.pdf
- Evaluation and Quality in School Health Centers- Improving Outcomes and Practice http://www.achealthyschools.org/schoolhealthworks/assets/134_evaluation_and_quality_improvement_in_shc_in_focus2.pdf

Halterman

- Halterman, Jill S., Peggy Auinger, Kelly M. Conn, Kathleen Lynch, H. Lorrie Yoos, and Peter G. Szilagyi. "Inadequate therapy and poor symptom control among children with asthma: findings from a multistate sample." *Academic Pediatrics* 7, no. 2 (2007): 153-159.. PMID: 17368410
- Halterman, Jill S., Peter G. Szilagyi, Susan G. Fisher, Maria Fagnano, Paul Tremblay, Kelly M. Conn, Hongyue Wang, and Belinda Borrelli. "Randomized controlled trial to improve care for urban children with asthma: results of the School-Based Asthma Therapy trial." *Archives of pediatrics & adolescent medicine* 165, no. 3 (2011): 262-268.. PMID: PMC3600609
- Halterman, Jill S., Reynaldo Tajon, Paul Tremblay, Maria Fagnano, Arlene Butz, Tamara T. Perry, and Kenneth M. McConnochie. "Development of School-Based Asthma Management Programs in Rochester, New York: Presented in Honor of Dr Robert Haggerty." *Academic pediatrics* 17, no. 6 (2017): 595-599.PMID: 28434913

Schumacher

- "Education and Health," *National Poverty Center, Policy Brief, #9* (2007), http://www.npc.umich.edu/publications/policy_briefs/brief9/policy_brief9.pdf
- Education: It Matters More to Health than Ever Before," Center for Society and Health, January 2014. <http://societyhealth.vcu.edu/media/society-health/pdf/test-folder/CSH-EHI-Issue-Brief-1.pdf>

Dillaha-

- Gicquelais, Rachel E., Haytham Safi, Sandra Butler, Nathaniel Smith, and Dirk T. Haselow. "Association of School-Based Influenza Vaccination Clinics and School Absenteeism—Arkansas, 2012-2013." *Journal of School Health* 86, no. 4 (2016): 235-241.

Case-examples of health-education collaboration to improve specific educational outcomes

Shirley-

- Oregon- Statewide Public Health Modernization Plan fact sheet: <http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/statewide-modernization-plan-factsheet.pdf>
- Oregon - Statewide Public Health Modernization Plan. <http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/statewidemodernizationplan.pdf>.
- Oregon - Public health Accountability Metrics Fact Sheet: <http://www.oregon.gov/oha/PH/ABOUT/Documents/FactSheetAccountabilityMetrics.pdf>.
- A Modern Approach to Public Health: Intersection between public health and health care (PDF below).
- National Academy For State Health Policy. Addressing and Reducing Health Care Costs in States: Global Budgeting Initiatives in Maryland, Massachusetts, and Vermont. <https://nashp.org/wp-content/uploads/2016/01/Global-Budgets1.pdf>

Meyer-

- Health Share of Oregon – Coordinated Care Organization https://healthshareoregon2.worldsecurerest.com/RR_Narrative_Final.pdf
- Health Share of Oregon - Ready + Resilient Plan 2017-2020 https://healthshareoregon2.worldsecurerest.com/R-R_Placemat_Final_11x17.pdf

Kilkenny-

- Morrow County Care Team & School Based Wellness HUBs (see below PPT). [Morrow County CARE Team.pdf](#)

Kahn -

- Improving the Grade – How localities (in States that Penalize School Absences) Can Support Student Health, School Attendance and Educational Achievement: A Guide for Local Policymakers and Advocates http://changelabsolutions.org/sites/default/files/School-Financing_LocalPolicymakers_FINAL_09302014.pdf

Policy issues and opportunities (equity, metrics, legal, payment)

Davis-

- Healthy Schools Campaign Education Metrics for Health Systems Preliminary Report – Executive Summary (2018) [HSC Education Metrics for Health Systems Prelim Report DRAFT.pdf](https://healthyschoolscampaign.org/wp-content/uploads/2018/05/HSC-Education-Metrics-for-Health-Systems-Prelim-Report-DRAFT.pdf)
- Healthy Schools Campaign. National Collaborative on Education + Health. Brief on Chronic Absenteeism and School Health (2015) <https://healthyschoolscampaign.org/wp-content/uploads/2015/12/Chronic-Absenteeism-Background-Paper.pdf>
- Healthy Schools Campaign. National Collaborative on Education + Health. Metrics Working Group of the National Collaborative on Education and Health Report to the National Steering Committee (2014) <https://healthyschoolscampaign.org/wp-content/uploads/2015/06/Metrics-Working-Group-Report.pdf>
- Healthy Schools Campaign. National Collaborative on Education + Health. Report on the Chronic Absenteeism Working Group of the National Collaborative on Education and Health (2015) <https://healthyschoolscampaign.org/wp-content/uploads/2016/11/Chronic-Absenteeism-Working-Group-Report.pdf>
- Healthy Schools Campaign's Framework for Action: Addressing Chronic Absenteeism through ESSA Implementation (2017): <https://healthyschoolscampaign.org/wp-content/uploads/2017/05/Framework-for-Action-Addressing-Chronic-Absenteeism-through-ESSA-Implementation.pdf>
- Slide decks from HSPF December 2017 meeting related to Chronic Absenteeism/ESSA from Attendance Works and California State Department of Education (2017): <https://healthyschoolscampaign.org/wp-content/uploads/2017/12/Chronic-Absenteeism-and-School-Health.pdf>

Chrysler

- Data Across Sectors for Health. A Legal Approach to Sharing Health & Education Data. Getting to Yes: Creating an Intergovernmental Agreement for Data Sharing Between the Chicago Department of Public Health and Chicago Public Schools (2018). http://dashconnect.org/wp-content/uploads/2018/05/DASH-Bright-Spot_Chicago.pdf.
- U.S. Department of Education. Data-Sharing Tool Kit for Communities: How to Leverage Community Relationships While Protecting Student Privacy (2016). <https://www2.ed.gov/programs/promiseneighborhoods/datasharingtool.pdf>

Hall

- Cohodes, Sarah R., Daniel S. Grossman, Samuel A. Kleiner, and Michael F. Lovenheim. "The effect of child health insurance access on schooling: Evidence from public insurance expansions." *Journal of Human Resources* 51, no. 3 (2016): 727-759.

National Resources

Alliance for School-Based Health <http://www.sbh4all.org/>

National Head Start Association <https://www.nhsa.org/>

Local/Regional Resources

For the Sake of All- St. Louis Missouri <https://forthesakeofall.org/school-health/>

National Academies Board on Population Health and Public Health Practice resources relevant to Education

- Communities in Action – Pathways to Health Equity. The education-health link.
https://www.nap.edu/resource/24624/10302017_education_sector_brief.pdf
 - o **Pg. 16: Recommendation 6-2:** State departments of education should provide guidance to schools on how to conduct assessments of student health needs and of the school health and wellness environment. This guidance should outline a process by which schools can identify model needs assessments, including those with a focus on student health and wellness. **Recommendation 6-3:** To support schools in collecting data on student and community health, tax-exempt hospitals and health systems and state and local public health agencies should:
 - Make schools aware of existing health needs assessments to help them leverage current data collection and analyses.
 - Assist schools and school districts in identifying and accessing data on key health indicators that should inform school needs assessments and any related school improvement plans.
 - o **Pg 23: Recommendation 7-6:** Given the strong effects of educational attainment on health outcomes and their own focus on equity (ED, 2016c), the U.S. Department of Education Institute for Educational Science and other divisions in the department should support states, localities, and their community partners with evidence and technical assistance on the impact of quality early childhood education programs, on interventions that reduce disparities in learning outcomes, and on the keys to success in school transitions (i.e., pre-K and K–12 or K–12 postsecondary).
- Exploring Opportunities for Collaboration Between Health and Education to Improve Population Health: [Workshop Summary](#) (2015).
- Exploring Early Childhood Care and Education Levers to Improve Population Health [Proceedings of a Workshop](#) (2018) ([Meeting information](#)).

A Modern Approach to Public Health

Intersection between public health and health care

Oregon is a leader in its approach to health system transformation, which aims to provide better health and better care at a lower cost. The vision for the role of public health in shifting Oregon's health system to focus on prevention of disease was outlined in the 2010 Oregon's Action Plan for Health:

We need a health system that integrates public health, health care and community-level health improvement efforts to achieve a high standard of overall health for all Oregonians, regardless of income, race, ethnicity or geographic location. To achieve this, we must stimulate innovation and integration among public health, health systems and communities to increase coordination and reduce duplication.¹

The public health system needs to modernize in order to be responsive to a changing landscape of new and changing threats to health, improved access to health services, and less stable funding sources for foundational public health programs. Public health in Oregon is transforming into a modern system that is accountable for improving health using three key strategies:

- **Expand partnerships** to maximize collective action.
- **Address health priorities** using foundational capabilities².
- **Demonstrate impact** through metrics and evaluation.

Below are examples of how Oregon's public health system is applying a modern approach.

Ensure Healthy Aging

Aging is something every person has in common. A modern approach to public health responds to the rapidly changing demographics across Oregon, including mobilizing existing community assets to address the needs of a population that is both young and old. Public Health, Area Agencies on Aging, Coordinated Care Organizations, community partners and older adults worked together to:

- Develop Oregon's first Healthy Aging Index to prioritize and monitor key data indicators that inform investments in infrastructure to support health across the life span. The use of Public Health data aligned partners toward common goals and objectives.
- Raise and accelerate the civic conversation in Oregon on how place affects one's ability to age well. Using Public Health's communication infrastructure, the [Place Matters Oregon](#) website and social media platforms tell the stories of older adults who are aging in Oregon, reinforcing the importance of place and space on one's ability to thrive as we age.

² Foundational capabilities include health equity and cultural responsiveness, community partnership development, assessment and epidemiology, policy and planning, communications, emergency preparedness and response, and leadership and organizational competencies.

- Published the Health Within Reach blog and Data Within Reach webinar. The Data Within Reach webinar out-performed all previous webinars, and the Healthy Aging blog was the second most viewed Health Within Reach blog post since the blog began. Together, these demonstrate the opportunity and the need for Public Health to inform conversations about aging in Oregon using a variety of communication channels.
- Convene partners outside of public health to enhance the civic dialog about healthy aging. This happened through Public Health's leadership in data, science and innovative approaches for integrating issues important to people in Oregon.

Reduce Opioid misuse and addiction

Public health, health care providers, Coordinated Care Organizations (CCOs), insurance companies, community partners and those living with chronic pain are working together on strategies to reduce opioid misuse and addiction.

- Strategies undertaken are: statewide prescribing guidelines, chronic use opioid reduction strategies with Medicaid's statewide performance improvement project with CCOs, naloxone availability, increase in medication assisted treatment, coverage of alternative therapies and prescribing limitation policies, community interventions in high-burden regions, and ongoing surveillance of controlled substance prescribing and drug overdose health outcomes (hospitalizations and deaths).
- Public health provides foundational capabilities including assessment and data, community partnerships, communications, policy development and evaluation to support this work.
- The Public Health Division is monitoring and evaluating the reduction in the number of pills prescribed to patients, access to naloxone rescue, and health outcome measures.

Improve preconception health

Under a SIM-funded Public Health Division grant, local public health agencies, CCOs and other local agencies in southern Oregon formed a consortium to implement a comprehensive preconception health program.

- This project, led by Jackson County Public Health and the Health Care Coalition of Southern Oregon (HCCSO) has leveraged foundational capabilities of communication, partnership development, health equity, assessment and evaluation to embed routine screening for pregnancy intent among women of childbearing age by establishing use of *One Key Question* in community health centers, WIC and Head Start offices, home visiting programs and dental offices.
- This consortium has also implemented a community-wide preconception health campaign with an emphasis on reaching Latinas. This included a radio, TV and social media campaign, financially supported, in part, by the CCOs.
- The project developed systems to increase family planning referrals and sponsored annual contraceptive updates for health care providers, with training on insertion of implants and intrauterine devices.
- This project has resulted in a dramatic increase in the use of long-acting reversible contraceptives in the project's two county region. There was a 76% increase in the number of LARC insertions from 2014 to 2015 in the project area, compared with a 12% increase statewide. The project has expanded into neighboring areas of the state, spreading the reach of this project to more women in southern Oregon.

End HIV Transmissions

In 2016 OHA Public Health Division and partners kicked off End HIV Oregon, the state's five-year strategy to end new HIV infections. This comprehensive strategy builds on decades of work by community members, and public and private agencies on programs including prevention education, syringe exchange, and quality care and treatment.

- Increasing the number of people who know their HIV status is critical. The OHA Public Health Division is partnering with private medical providers and health systems to increase

universal testing, and with community groups to develop and implement innovative testing strategies among people who are currently underserved.

- The OHA Public Health Division supports partners through ongoing surveillance and evaluation, statewide communications and social marketing, training and technical assistance, and policy development on proven strategies like syringe exchange.
- The End HIV Oregon strategy includes a baseline report card of key metrics for HIV testing prevalence, access to a medication that prevents infections, linkage to HIV care and viral suppression among people living with HIV. Each year the community will learn about progress toward meeting these metrics on December 1· World AIDS Day.

Reduce Tobacco Use

Public health, health care providers, CCOs and insurance companies are working together to reduce the number one preventable cause of death and disease in Oregon, tobacco.

- In 2015, CCOs adopted a tobacco incentive metric, holding themselves accountable to reducing tobacco use.
- As of 2016, almost all CCOs (14 of 16) now offer comprehensive, barrier-free cessation benefits as recommended by the Public Health Division.
- The Health Evidence Review Commission, which governs CCO spending, worked with the Public Health Division to adopt a multi-sector approach to reduce tobacco based upon evidence-based strategies in the Centers for Disease Control and Prevention Community Guide.
- CCOs have begun investing in evidence-based tobacco cessation campaigns designed and tested by the Public Health Division. A pilot with Trillium CCO and Lane County Health Department resulted in a 24% increase in total Quit Line callers in Lane County compared to the year prior.

Expand Reproductive Health Access

In the true spirit of public health modernization, Public Health's Reproductive Health Program has taken the lead on implementing the groundbreaking new protections ensured through the Reproductive Health Equity Act. The systems the program is building creates a seamless interface for patients and providers, getting people the services they need, when and where they need them.

- The Reproductive Health Equity Act ensures that people with Oregon private health insurance plans, including employee-sponsored coverage, have access to reproductive health and related preventive services with no cost sharing regardless of what happens with the Affordable Care Act. The bill includes prohibition of services on the basis of actual or perceived race, color, national origin, sex, sexual orientation, gender identity, age or disability.
- The Reproductive Health Equity Act provides benefits for Oregonians who have been excluded from coverage of the full range of services in the past and who can become pregnant. For example, women who are undocumented including DACA recipients and women who have held lawful permanent resident status for less than five years. These women have limited options for coverage for preventive reproductive health services at no cost sharing under the Affordable Care Act. Now, many of those services are covered under the Reproductive Health Equity Act. Medical care for women up to 60-day postpartum will also be covered.
- The law requires Oregon private health insurance plans to cover abortions with no out-of-pocket costs. OHA and the Department of Consumer and Business Services (DCBS) are also charged with developing a program that will provide access to abortion services for individuals covered by insurance plans that are exempt from the new coverage mandate. Individuals under these plans will still have access to abortion coverage through the Oregon Health Authority. Finally, it covers [abortion services](#) for individuals who would otherwise be eligible for medical assistance if not for their immigration status.

ⁱ Oregon Health Authority (2010). Oregon's Action Plan for Health. Available at: www.oregon.gov/oha/action-plan/rpt-2010.pdf.