
Using Student Health Data to Support the Student Success Act

2019 COSA Secondary Principals
Conference

October 17, 2019



Public Health Division

Agenda

- Adolescent & School Health
 - Partnering for Improved Student Health
- Student Health Data: Survey & Tools
- Using Data for Planning: Interactive Activity
 - Student mental health
 - School safety/climate
 - Health education
- Q&A

Adolescent and School Health Unit

- Our **Vision:** Oregon is the very best place for all youth to learn, grow, and thrive.
- Our **Mission:** To support the health of all youth in Oregon through evidence-based and data driven policies, practices, and programs.



Our Goals

- Improve access to quality health services and health education for all youth in Oregon.
- Provide partners with opportunities to build capacity, learn new information, and improve practice in order to better meet the needs of all youth in Oregon.
- Illuminate the strengths and needs of all youth in Oregon through collection, analysis and dissemination of accurate and timely data.

Adolescent and School Health Programs

- Adolescent Health Policy and Assessment
- School-Based Health Centers
- School Nursing
- Youth Sexual Health



Partnering to Support Student Health

- Programming
 - Youth Sexual Health
 - SBHCs
 - School Nursing
 - RFGP
- Data & evaluation
 - School Health Profiles Survey (SHPS)
 - Oregon Healthy Teens/Student Health Survey
 - Data resources?

Assessing Student Health Strengths & Opportunities for Improvement

STUDENT HEALTH SURVEYS

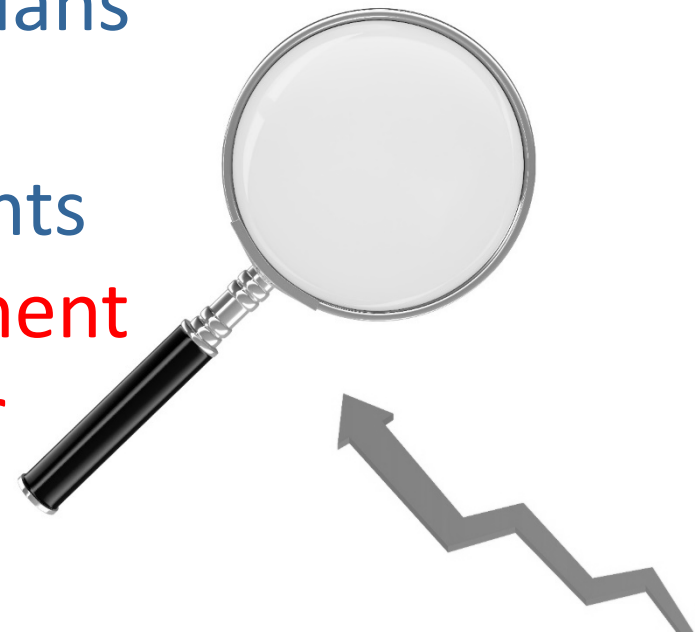
Why are youth surveys important?



Data from youth surveys are used to track progress of **school success** and identify **health risk and resiliency** among youth

Lend youth voice to:

- State, local, and tribal workplans
- School Improvement Plans
- Community Health Assessments
- **School Continuous Improvement Plans and plans required under Student Success Act.**



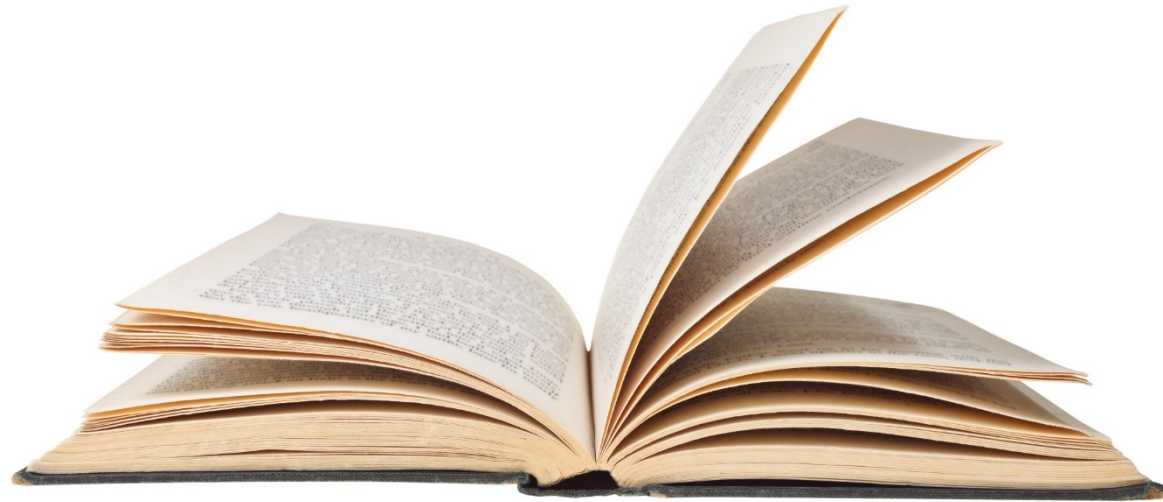
Data is the **foundation** of our school health work

We use it to:

- Identify problems
- Gauge magnitude & scale
- Inform decisions
- Plan and prioritize
- Evaluate programs
- Monitor changes
- Secure funding



History of youth surveys in Oregon





1997 & 1999
Random sample of districts/schools
6th to 12th graders
~110 questions



2001-2009; **odd years** since
Random sample of districts/schools
8th and 11th graders
~140-160 questions



Even years since 2010
All districts/schools can participate
6th, 8th, and 11th graders
~120-160 questions

How we made content decisions in the past:

- 1** Grant/SHIP/Statute Requirements
- 2** Individual program funding for Q's
- 3** Q's patchworked together by topic area

Lets do better!



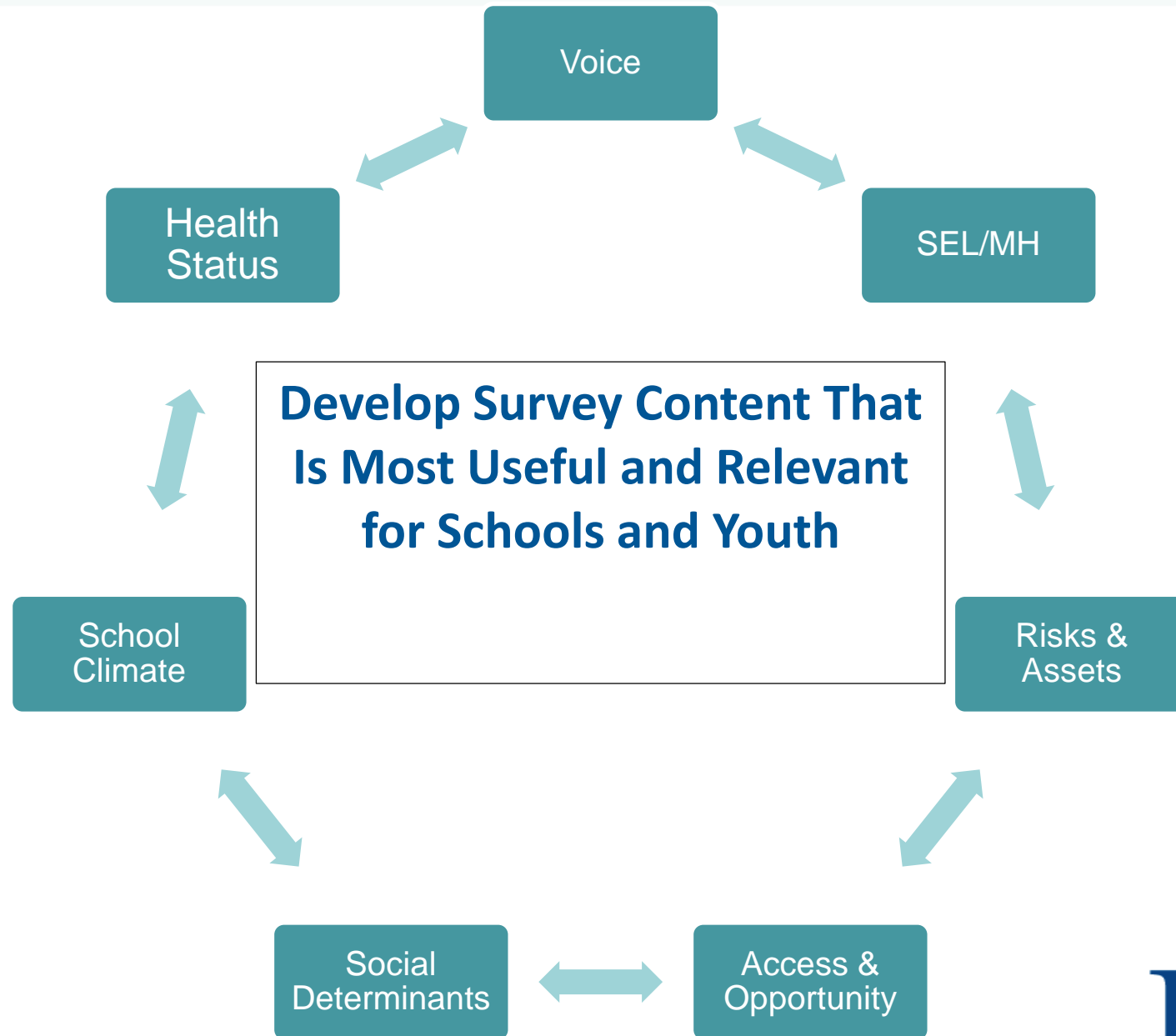


Oregon

**Student
Health
Survey**

Oregon
Health
Authority

Helping all youth to be happy, healthy and resilient



Findings from youth and educational partner engagement sessions

(Phase 1)

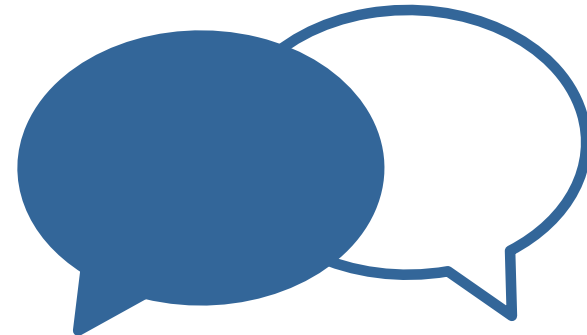


Who did we talk to?

1 Youth

2 School Administrators

3 Youth serving
organizations



Youth

Important content:

- Mental health & suicide
- Resilience, assets, & aspirations
- Friendships & relationships
- Outside resources, education

Less important:

- Alcohol, tobacco, & substance use
- Sexual health questions (younger students)
- Nutrition questions

Concerns:

- Lack of explanation/buy-in
- Privacy & anonymity
- Time, pressure, and comfort
- Lack of crisis resources

Youth, cont.

“It’s just so much that when you’re taking it, it feels pointless to answer the next one.”

(Related to too many substance use questions)

“It’s hard to assess how many times most students at your school did anything.”

(Related to peer perception questions)

School Administrators

Uses:

- Reporting
- Presentations
- Program & curriculum development

Important content:

- School climate & culture
- Mental/behavioral health & suicide
- Alcohol and substance use

Concerns:

- Length of the survey (time & resources)
- Lack of principal & teacher buy-in
- Lack of info on how to use data & what the data is used for

School Administrators, cont.

“Educators get all discombobulated because they don’t know what is a student wellness survey versus a healthy teen survey.....”

“[It would be] certainly nice just to have one place to go for the information.....”

Recommendations:

- Shorten the survey
- Standardize the process of administration
- Provide tools & resources for understanding & using data
- Consider cultural competence of questions
- Allow schools to administer outside of the classroom

Takeaway: BUY IN, BUY IN, BUY IN

1 Ask questions that are relevant to youth



2 Provide consistency and better communication



3 Make the data easy to access and easy to use



4 Meet Logistical needs of schools



Next steps



Improvements thus far...

- 1** Added Q's on youth assets, suicide, & social media; refined ACEs q's
- 2** Made survey shorter: cut drug/alcohol q's
- 3** Creating data tools for districts to have timely and easy access to data
- 4** Refining survey scripts, providing resource sheets for youth
- 5** Fall survey administration

Improvements thus far...

- 6** Contractor, Bach-Harrison, LLC
 - Survey administration procedures
 - ✓ Online submission of district and school approvals
 - ✓ Improved process
 - ✓ Better instructions for teacher proctors

Data tools

1 2019 Summary report

- Preliminary results for schools and districts delivered in July (check your email inbox)

- Key measures

Social determinants of health

Positive Youth Development (PYD)

Mental health and suicide

Sexual health

Substance use

Healthy body

2019 Oregon Healthy Teens Summary Report – July 2019

District:	8 th /11 th Grade
School:	Number of Respondents:

This summary provides preliminary results from the 2019 Oregon Healthy Teens (OHT) Survey on key measures relating to students' health and well-being and risk factors that impact academic outcomes. A full report will be provided to schools in early October 2019.

Social Determinants of Health	%	Question Wording
Unstable housing	X.X	During the past 30 days, where did you usually sleep? <i>(Not in parent's or guardian's home)</i>
Food insecurity	X.X	In the past 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food? <i>(1tz)</i>
Unmet physical health care needs	X.X	During the past 12 months, did you have any physical health care needs that were not met? <i>(1tz)</i>
Unmet emotional or mental health care needs	X.X	During the past 12 months, did you have any emotional or mental health care needs that were not met? <i>(1tz)</i>
Use of SBHCs	X.X	How many times have you used the School-Based Health Center at your school in the past 12 months? <i>(At least once in last 12 months)</i>
Positive Youth Development	%	Question Wording
Positive youth development (PYD) benchmark	X.X	Meets benchmark. Answers 5 out of 6 questions positively (individual health and confidence, adult support at school and helping others in the community)
School Climate	%	Question Wording
Caring adult	X.X	There is at least one teacher or other adult in my school that really cares about me. <i>(Very or pretty much true)</i>
School safety	X.X	During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school? <i>(1 or more days)</i>
Bullied at school	X.X	During the past 30 days, have you ever been bullied at school (including any school events, or on the way to or from school) in relation to any of the following issues? This includes in-person and cyberbullying. <i>(1tz)</i>
Mental Health and Suicide	%	Question Wording
Depressive symptoms	X.X	During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities? <i>(1tz)</i>
Suicide ideation	X.X	During the past 12 months, did you ever seriously consider attempting suicide? <i>(1tz)</i>
Gun access		
Could not get gun	X.X	How long would it take you to get and be ready to fire a loaded gun?
Less than 24 hours	X.X	
24 or more hours	X.X	

Data tools

2 Revamped design of full report for 2019

- Dashboard of key measures

 - Better graphics

 - Comparisons to state results and past results

- Appendices

 - Explanation of confidence intervals and margins of error

 - Participating districts by county

 - Table for each question with state comparisons

Data tools

- 3 New web tool for 2020 SHS
- Easier access to survey results
 - Interactive
 - [Sample Reporting Tool](#)

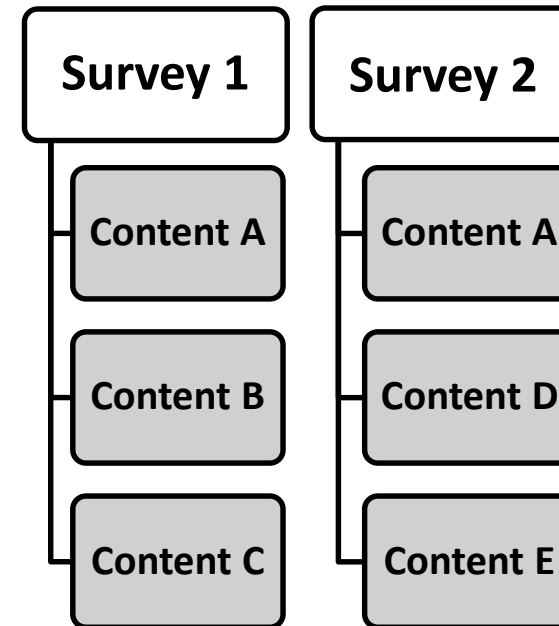
Content and methodology for the Student Health Survey **has been developed**

Content prioritization

Weight questions based on following domains:

- **Pressing health issue**
- **Priority for state public health program**
- **Priority of educators**
- **Priority of youth**
- **Priority of grantees and other stakeholder**
- **Validation/age-appropriateness**

Methods **example:**



The goal is to **build a system** for collecting and sharing data from youth that:

- Has buy-in from all partners
- Easy to understand and use
- Reliable and consistent
- Better links Education and Public Health
- Valid and representative of the population(s)



How Do Schools Use The Data ?



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Health Authority Approves 15 CCO Applications

PREMIUM

By: Lynne Terry

Early learning, behavioral supports among top priorities outlined in Student Success Act

[Natalie Pate](#), Salem Statesman Journal Published 6:26 p.m. PT April 4, 2019

CONDUCTING A COMPREHENSIVE NEEDS ASSESSMENT



Oregon Comprehensive Needs Assessment Guidance

This guidance document is designed to provide Oregon school districts and schools information and resources to support engagement in a comprehensive needs assessment process. This resource is arranged by the questions of **WHAT, WHY, WHEN** and **HOW** with resources and tools suggested for use during the parts of the process. In addition, a table that lists additional diagnostic assessments for teams that want to dive more deeply into specific areas is included.

WHAT: Comprehensive Needs Assessment Process

The process of assessing needs is a critical step in the continuous improvement cycle. A comprehensive needs assessment is a systematic process that assists district and school teams in identifying systemic inequities, strengths and opportunities within the context and constraints of the local setting then using that information to help prioritize improvement efforts in subsequent planning.

Data can inform and evaluate effect of funding decisions through the Student Success Act

SECTION 9. Allowed uses of grants from Student Investment Account.

(2) The purposes of grants distributed under section 13 of this 2019 Act shall be to:

- (a) Meet students' mental or behavioral health needs; and
- (b) Increase academic achievement for students, including reducing academic disparities

for:

- (A) Economically disadvantaged students, as determined based on eligibility for free or

(3) Grant moneys received under section 13 of this 2019 Act may be used by a grant recipient only for:

(b) Addressing students' health or safety needs, which may include:

(A) Social-emotional learning and development;

(B) Student mental and behavioral health;

(C) Improvements to teaching and learning practices or organizational structures that lead to better interpersonal relationships at the school;

(D) Student health and wellness;

(E) Trauma-informed practices;

(F) School health professionals and assistants; or

(G) Facility improvements directly related to improving student health or safety.

Action Steps for Community Planning

Equity must be at the center of all our community planning processes, and an integral part of our children’s education—from the very start of early learning connected all the way through their K-12 experience. As leaders in your community, it’s up to you to create broader, sustained community engagement in a way that ensures all our children and families are set up for success, especially those from underserved communities.

Action Step	Why It’s Important
1. Start with relationships.	Effective community engagement and planning begins with building relationships and trust.
2. Ensure the community has clear expectations for engagement.	Effective community engagement and planning requires clarity and mutual understanding of purpose and goals for the planning process.
3. Create a plan for data collection and analysis that is attentive to and reflective of participant voice.	Effective community engagement and planning results in participants feeling valued and having an impact on decisions.
4. Build in several and recurring feedback loops.	Effective community engagement and planning is an ongoing process attentive to evolving community needs and refining strategies over time.

Additional Resources for Community Planning and Engagement

Community planning requires specific action steps. Resources for how to work through and achieve these steps are available through Student Success Act (SSA) toolkits and resource guides available online through the:

- [Oregon Department of Education](#)
- [Early Learning Division](#)

Working with the Health System

CCO 2.0:

- New focus on behavioral health
 - Data can inform regional school supports and funding for interventions
- Community Benefit Initiatives

Local Public Health:

- Suicide Prevention Programming
- Drug and Alcohol Prevention Programming
- Planning for a School-Based Health Center

County Mental Health:

- Mental Health Providers
- Trauma informed programming

Common Misperceptions and Best Practices

Common misperceptions

TRUTH/BEST PRACTICE

OHA endorses an active parental notification/
passive parental permission model

- Supports parental rights
 - ✓ Notifies parents
 - ✓ Opportunity to review the survey; opt their child out
 - ✓ Will be available in five other languages
- Obtains valid, unbiased results
 - ✓ Higher student response rate
 - ✓ More inclusive of different cultures, backgrounds
- Meets federal requirements
- Reduces administrative burden on schools

MYTH

Active parental
consent is better

Common misperceptions

TRUTH/BEST PRACTICE

Protecting student **confidentiality** and **anonymity** is paramount. Surveys obtain more accurate results when students believe their answers cannot be linked to them.

- Students are as credible as adults
- Must see the survey as important and that their privacy is protected (anonymous)
- Reliability checks to identify inconsistent or conflicting responses

MYTH

Kids lie, so results aren't accurate

Common misperceptions

TRUTH/BEST PRACTICE

According to the CDC:

“There is no evidence that simply asking students about health behaviors will encourage them to try that behavior.” (think carrot consumption)

Some questions may make students uncomfortable

- Skip any question they don't want to answer
- Have counselors on hand to support students
- Student Support sheet

MYTH

Asking questions encourages risky behavior

Questions?



Thank you!

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