

INVESTMENT IN SCHOOL HEALTH CAPACITY

Payoffs in HEALTH, ACHIEVEMENT and STRONGER COMMUNITIES



Oregon
Health
Authority

PUBLIC HEALTH DIVISION
Office of Prevention and Health Promotion
Adolescent and School Health Unit

HEALTHY KIDS 
LEARN BETTER

A Coordinated School Health Approach

Public Health & Education

Portraying the Intersection

What's in it for Me 'Us'

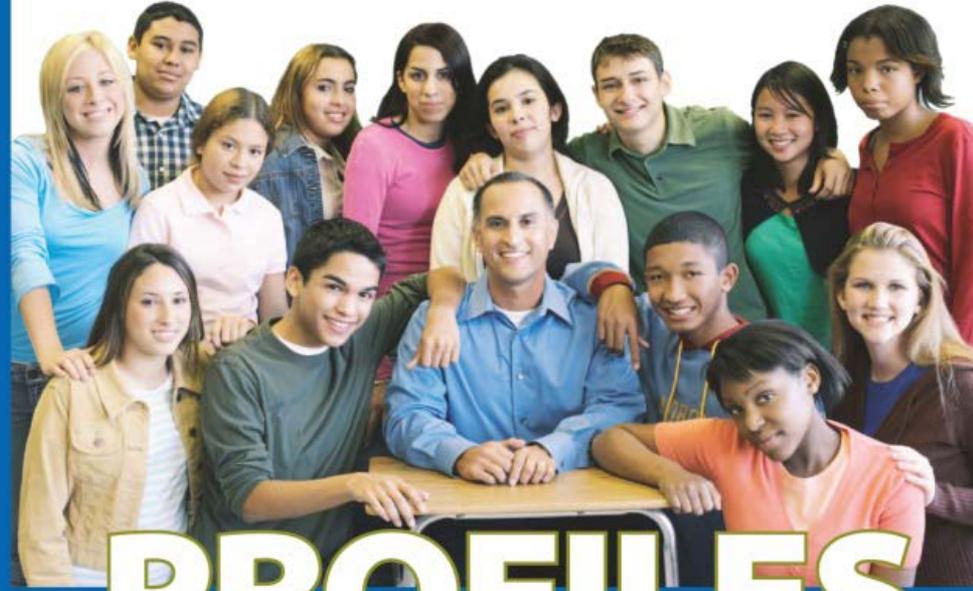
- New territory requires new tools
- HP2020 National Public Health Goals
- Leading Health Indicator Topics
 - Social Determinants
 - 4 Year HS graduation rate

Coordinated School Health



How do you measure school health?

- Benchmark made using a combination of 4 questions
- Reflects the research base for what is needed to support a Coordinated School Health approach.



PROFILES 2010

School Health Profiles

Characteristics of Health Programs
Among Secondary Schools

National Center for Chronic Disease Prevention and Health Promotion
Division of Adolescent and School Health



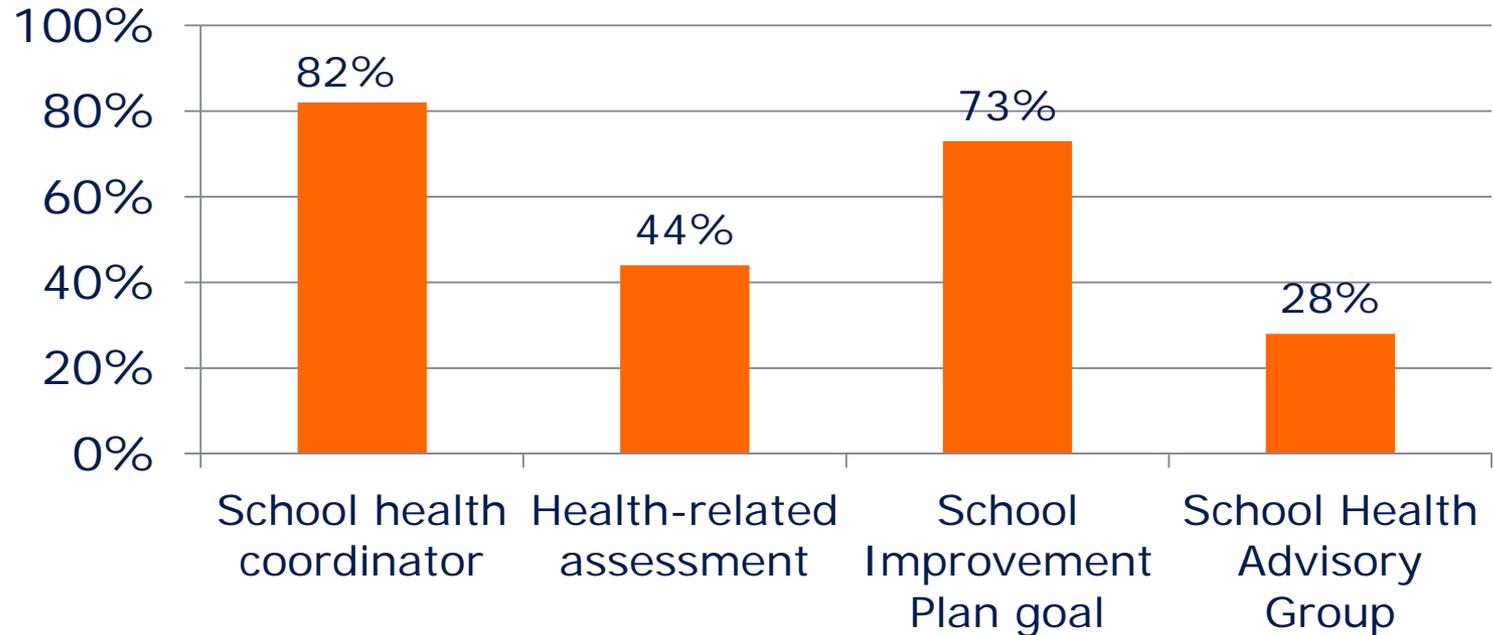
Core Capacity Benchmark

(Profiles Principal Questionnaire 2010)

1. Has your school ever used the School Health Index or other **self-assessment tool** to assess policies, activities, and programs?
2. Does your school's written **School Improvement Plan (SIP)** include health-related goals and objectives?
3. Does **someone** at your school oversee or **coordinate** school health and safety programs and activities?
4. Is there one or more than one group (e.g. **School Health Advisory Council**) at your school that offers guidance on the development of policies or coordinates activities on health topics?
 - School Administrator
 - Community members

Core Capacity Measures

% OR High Schools with Core Capacity Measures



2010 Oregon School Health Profiles Survey

School Health Capacity and Intervention

A1. "Core School Health Capacity" Measures

- School health coordinator
- School health advisory group (including administrator and community members)
- School Improvement Plan (SIP) goals related to health
- Assessment of health-related school policies, procedures, curriculum and services

A2. School Health Issue-specific Interventions

- Health-related school policies, procedures, rules
- Health education curriculum
- School-based health services

Student Health

B. Student Health Outcomes

- Improved physical activity, nutrition
- Decreased unhealthy/early sexual behaviors, pregnancy
- Decreased tobacco/substance use
- Improved mental health
- Reduced aggression/bullying
- Controlled chronic disease (asthma, diabetes, obesity)
- Controlled infectious disease (colds, flu, STDs)

Student Achievement

C. Student Achievement Outcomes

- Increased school connectedness
- Improved attendance
- Increased on-task behavior
- Decreased disciplinary problems
- Improved grade level achievement
- Reduced dropout rates
- Improved graduation rates

Community Health and Benefits

D. Community Health and Benefit Outcomes

- Educated, healthier community members
- More productive workforce
- Healthier children in subsequent generations

Core Capacity & Health Policies/Programs

Schools with Core Capacity are more likely to:

- Use strategies to promote healthy eating
- Provide tobacco cessation services for students & staff
- Have PE teachers provide goals, assessment plan
- Offer intramural activities to all students
- Offer fruits/veggies in non-food service settings

Oregon Data Sources

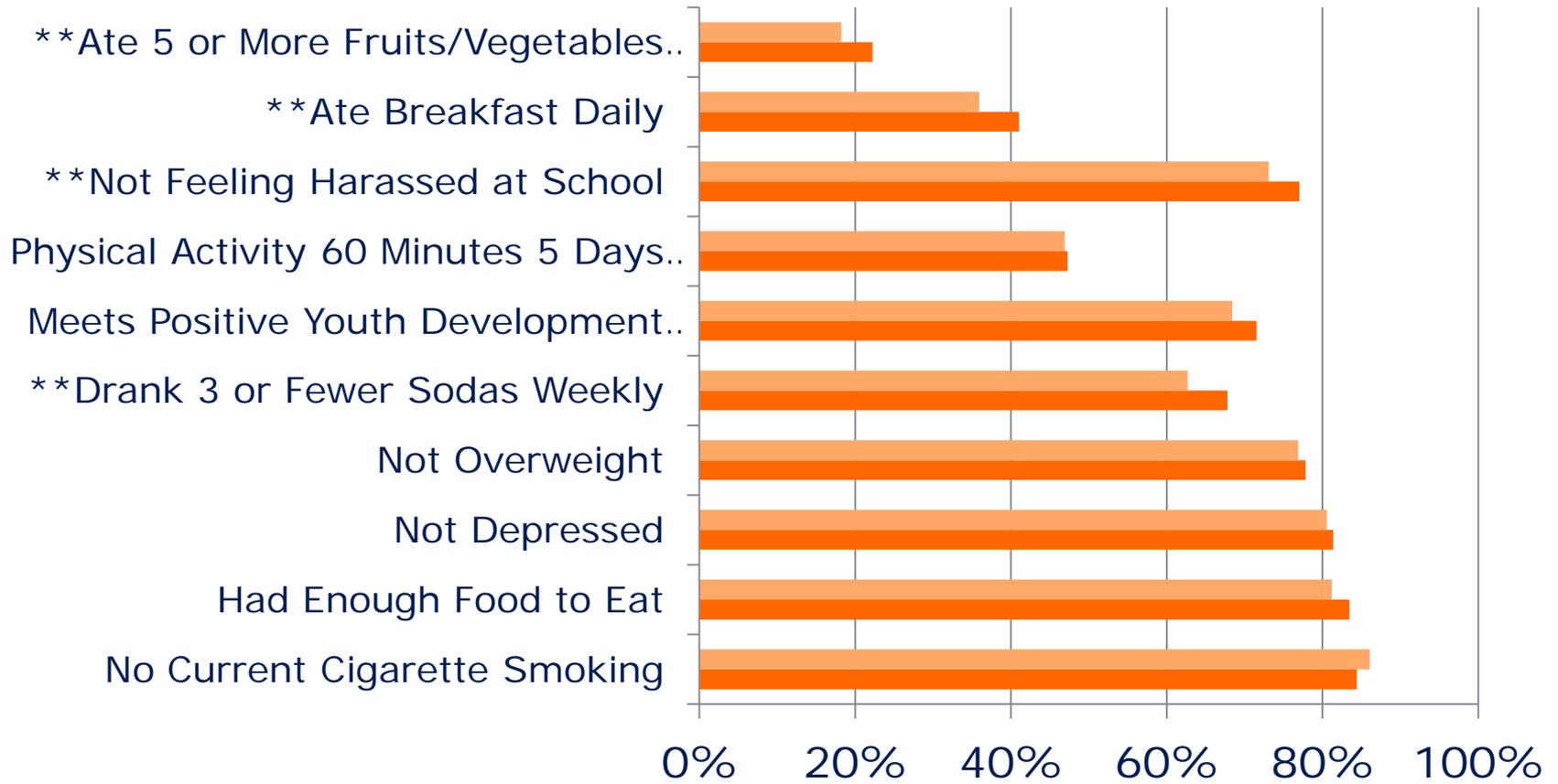
Level/Topic	Health	Education
School/District	School Health Profile Survey	High school graduation rates, Discipline Incidents Collection System
Student	Oregon Healthy Teens survey	Oregon Healthy Teens survey (self-reported grades)

Linking Student Health & Core Capacity

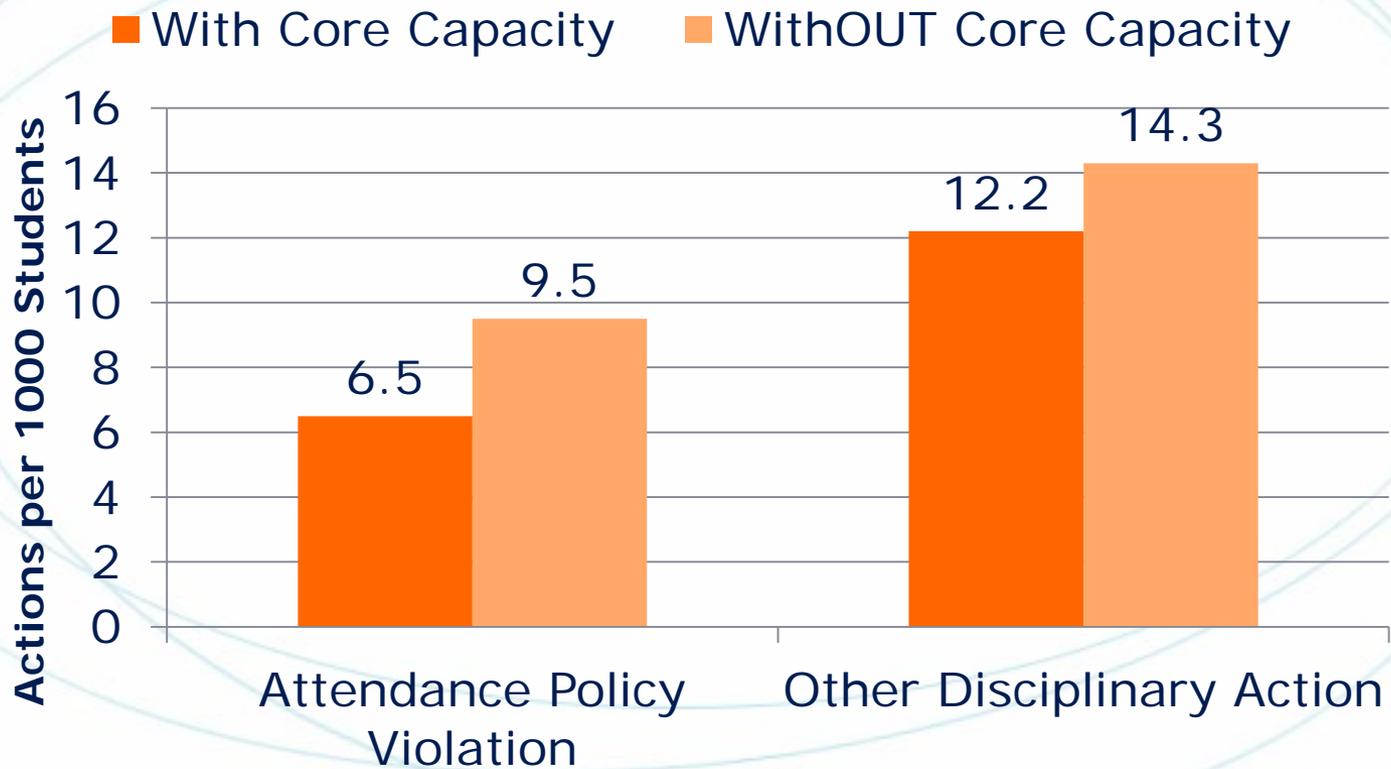
- Linked Oregon Healthy Teens and School Health Profiles data
- Healthier behaviors
- Most other areas in expected direction

% of HS Students with Healthy Factors, by School Core Capacity Status

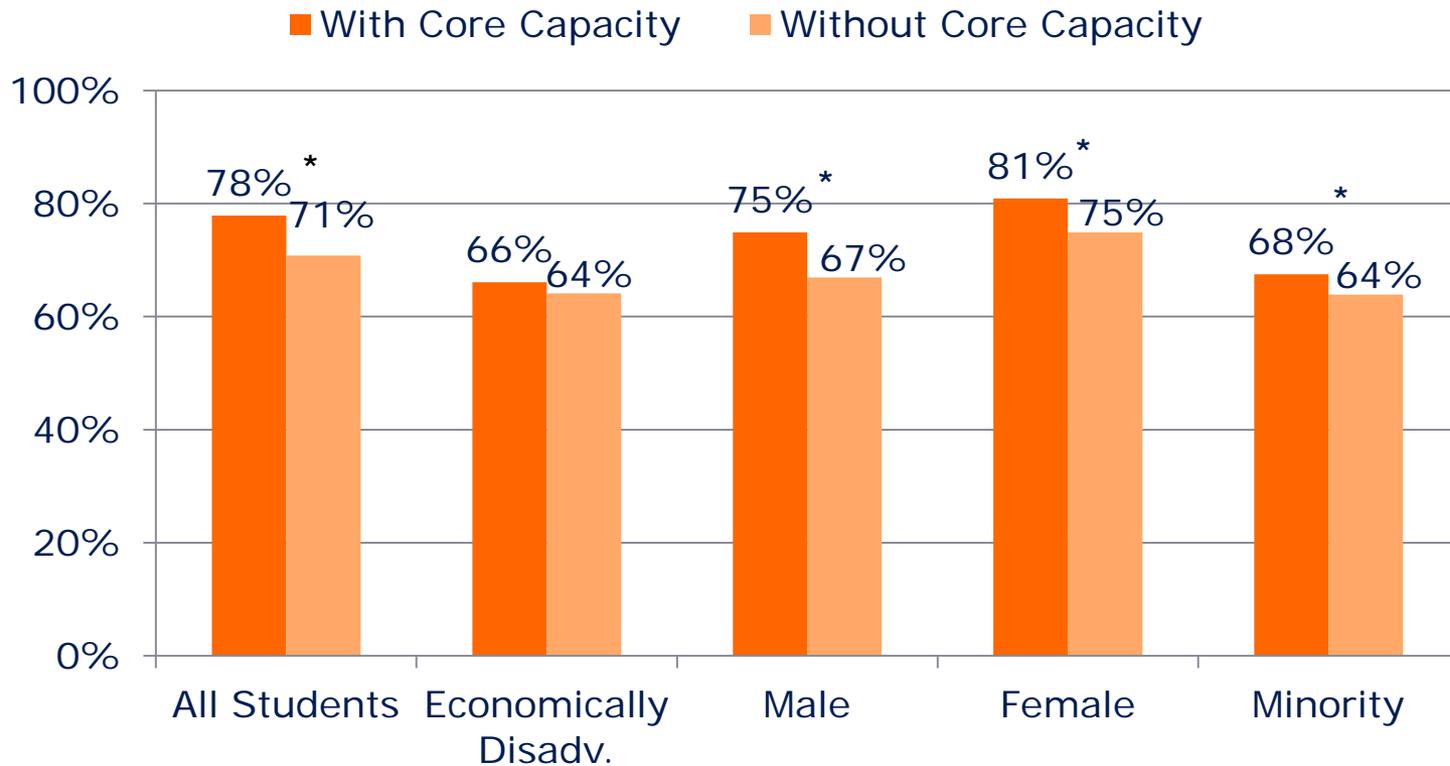
WithOUT Core Capacity With Core Capacity



Annual Attendance & Discipline Violation Rates by Core Capacity Status



Core Capacity & High School Graduation



* = $p < 0.05$

ROI: Valuing What We Do

- In the Public Health world, ROI can be scary!
- ROI is another tool to capture the work that we do, beyond outputs and outcomes
- Putting our outcomes into economic terms is challenging

The “R” of ROI: RETURN

- Several health & educational outcomes with possibilities for financial return
- Focus on high school graduation rates
- WHY?
 - Healthy People 2020 Indicator
 - Robust difference (7%)
 - Straightforward & appealing concept
- What if we only saw a 1% increase in graduation rates?

The “I” of ROI - Investment

- How to monetize implementing Core Capacity?
- Half-time School Health Coordinator for each middle/high school in Oregon
- # schools = 620
- Salary = \$45,070 (+ benefits)
- **TOTAL TAXPAYER COST = \$18,861,795**

ROI: Where to Start?

Measure	Data Point
Size of 2010 Oregon HS 4-year cohort	50,170
Total # of HS grads, 2010	33,254
# of new grads, assuming 1% increase	502
# of years for projections	46 (ages 19-64)

ROI Domains

Domain	Measure	Data Sources
Health care	Medicaid enrollment	OR Health Insurance Survey, Kaiser State Health Facts
Economic Capacity	Household income	American Community Survey
Economic Capacity	Tax revenue	Nat. Bureau of Economic Research
Crime	Arrest rates among males	FBI crime data, OR Judicial Information System, economic research

Summary of ROI Measures

Lifetime Cost/Benefit	OREGON	TOTAL (OR + US)
Taxpayer Cost – Core Capacity implementation	(\$18,861,795)	(\$18,861,795)
Benefit – Medicaid	\$6,131,177	\$16,379,982
Benefit – Taxes	\$8,012,997	\$23,717,117
Benefit – Income	\$80,926,190	\$80,926,190
Benefit – Crime	\$3,814,812	\$3,814,812
Total Benefit (2010 dollars)	\$98,885,176	\$124,838,100
Projected ROI	\$5.24:\$1	\$6.62:\$1

Core Capacity ROI Limitations

- Association vs Causation
- Information Abyss
- Using Proxy for Cost
- Impact of ACA/Health care transformation

Questions?

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