

Healthy Schools



Connecting education, health, & community

Annual Report | 2021-2022



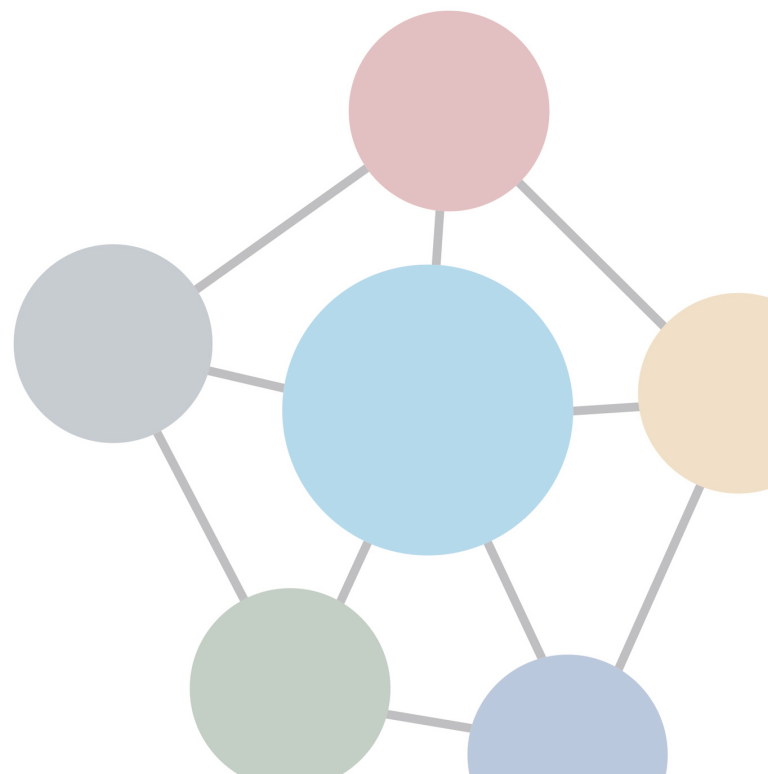
"They [Deschutes County] have recently launched a new Healthy Schools model within the Bend-La Pine School District with embedded public health specialists in every high school. It's modeled on the Whole School, Whole Community, Whole Child (WSCC) model and has a deep focus on supporting mental health and wellness. A very promising approach that we would love to see scaled across the state!"

– Ashley Thirstrup, Oregon Health Authority Interim Director of Health in Education



TABLE OF CONTENTS

EXECUTIVE SUMMARY	4
INTRODUCTION TO HEALTHY SCHOOLS	5
WHY DO WE NEED HEALTHY SCHOOLS?	6
RESULTS	7
SUCCESSSES	11
LESSONS LEARNED	14
ACKNOWLEDGEMENTS	15



EXECUTIVE SUMMARY

This was the first year of Healthy Schools. It was launched in the 2021-2022 school year after the Deschutes County Board of County Commissioners and Bend-La Pine Schools agreed to a 50/50 cost share. Public Health Specialists were placed in both Bend and La Pine High Schools. There very key components developed and significant learnings throughout this first year.

This was an important developmental year for operationalizing the program. Staff were very busy integrating work across multiple organizations and programs to gain a truly integrative and comprehensive approach toward improving school health. Key activities in year one can be compartmentalized into **assessment, evaluation, and operations**. Examples are the development of a program and evaluation plan.

Of the 23 major activities Healthy Schools set out to achieve by the end of the first year, **91%** were complete or partially complete. Of the 10 metrics identified as important to achieve in this first year, **100%** were complete or almost complete. Completing these benchmarks are significant because they are essential for improving student health and educational outcomes.

While this is definitely news to celebrate, these results were only achieved through work in two schools, Bend Senior and La Pine High Schools. We had intended to also reach the middle schools that feed into these high schools. This was due to: delays in staff hiring and the part-time status of Public Health Specialists as we began to fully comprehend the amount of time it takes to develop tools and adapt to the school needs. These barriers were removed by the 2022 Deschutes County Budget Committee agreeing to move Public Health Specialists from part-time to full-time.

In summary, **overall this was a hard and exciting first year!** We hired a very talented staff that launched this dynamic program and partnership during a time when our students, families and staff were still in recovery from the Covid-19 pandemic and our school and public health systems were fatigued. Nevertheless, the County and district persevered. Now, not only are Bend Senior and La Pine High schools ready to rock and roll but the new schools added in year two will more seamlessly be launched.



INTRODUCTION TO HEALTHY SCHOOLS

Just in case you hadn't heard...Healthy Schools is an innovative model that places Public Health Specialists in schools. Our Mission is to provide public health services directly within schools and school communities so that students, families, and school staff in Deschutes County have access to high quality health promoting programs.

In 2021-2022 Healthy Schools was provided as a 50/50 partnership between Deschutes County and Bend-La Pine Schools – each paying 50% of the costs to place Public Health Specialists in high schools as part of school staff. The Public Health Specialist serves as a school health coordinator for their high school and the middle school/s that feed into their high school. By the school year 2023-24, each large high school in Bend-La Pine Schools will host a Public Health Specialist on their campus.

Issues addressed by Healthy Schools include adolescent suicide ideation, vaping, bullying, social media risks, tobacco and alcohol use, pregnancy, sexually transmitted infections, and immunizations as well as other emerging risks and infectious diseases that become a barrier to education or social connections at school and increase the likelihood of negative consequences in adulthood. See the full Healthy Schools program and evaluation plan, including key performance metrics and first year milestones:

www.deschutes.org/healthyschools.

HEALTHY SCHOOLS GOALS:

- ↑ Increase social, mental, emotional, and physical health supports in schools
- ↑ Increase students reaching Positive Youth Development benchmark
- ↓ Reduce unmet physical and mental/emotional health needs amongst students
- ↓ Reduce disparities by race/ethnicity, gender/sexual orientation, and income levels
- ↑ Increase on-time graduation rates

WHY DO WE NEED HEALTHY SCHOOLS?

As parents and community members, we have a stake in the health and productivity of our youth. However, there are many challenges and obstacles that stand in the way such as drug and alcohol use, suicidal ideation, pregnancy, to name a few. These issues negatively affect young people's school performance, future job prospects, and physical and mental health with lasting damage into adulthood. This has individual as well as societal costs that can and should be avoided.

Schools are a logical and efficient setting for public health interventions for youth, with the potential for high impact. Schools are settings where learning is expected and new behaviors are learned and practiced daily. Children and adolescents **spend nearly half of their waking hours at school for 13 years** of their critical developmental life (National Association of Chronic Disease Directors [NACDD], 2013). More than 95% of youth ages 5-17 can be reached through schools (Centers for Disease Control and Prevention [CDC], 2019).

The Healthy Schools program brings the expertise of **Public Health directly into the schools** to meet student and family needs and address disparities that the school alone cannot address. Specifically, we place Public Health Specialists (PHS) into schools to work directly with administrators, counselors, staff, parents, and students in order to increase health-promoting behaviors and improve adolescent health and education outcomes. Improved health and education outcomes are reached through a coordinated school health improvement process, facilitated by the PHS to improve health education, family engagement, and positive climate and culture across the whole school and whole community. This coordinated school health improvement process is associated with 7% greater graduation rates in Oregon middle and high schools. An analysis conducted by the Oregon Health Authority (2013) estimated that a 1% increase in graduation rates returns \$5.24 per \$1 spent.

WHO WAS SERVED?

The 2021-2022 school year served as our start-up year. Three staff were hired and began the important work of developing and operationalizing Healthy Schools on a smaller scale in **Bend Senior** and **La Pine High Schools**.

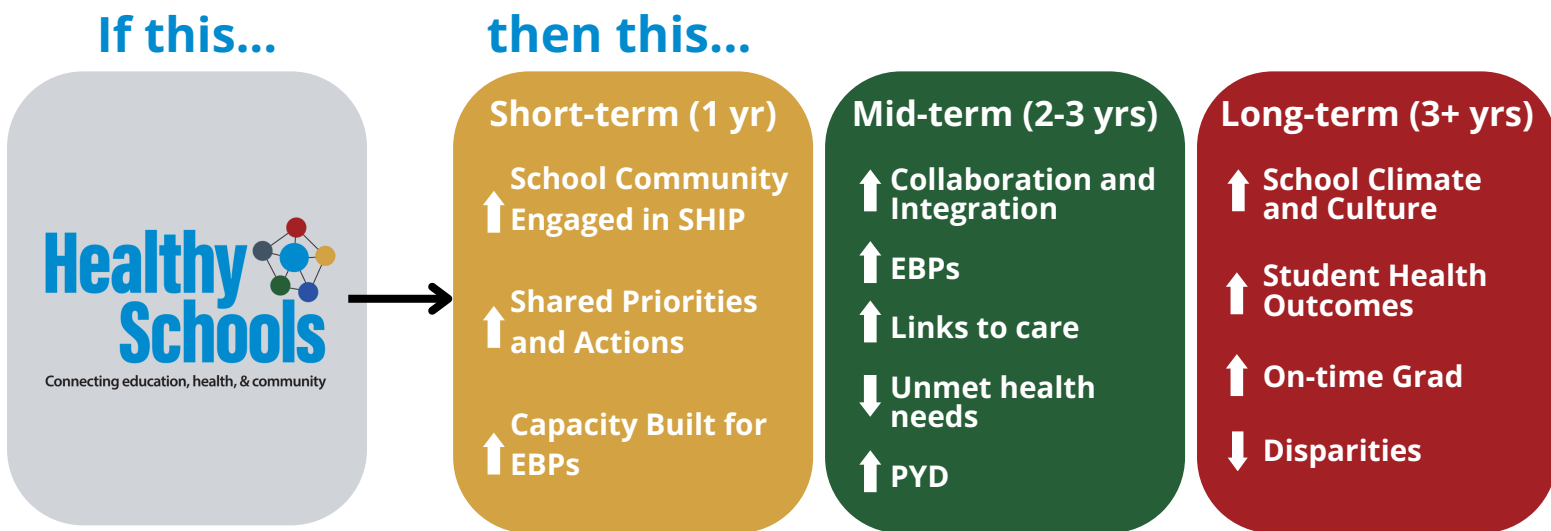


RESULTS: OVERVIEW

HOW DID WE DO OUR 1ST YEAR?

To answer this question, you need to know where we started and what changes we intended to make. The image below is a visual overview, called a logic model, to show that if we do the activities we planned, then we should expect to see certain results. Some results we'll see in the first year, some in two to three years and other results we won't see until three years or later.

Additional information about the design of the Healthy Schools program can be found in our program plan. Both can be found here: deschutes.org/healthyschools



FIRST YEAR RESULTS OVERVIEW IN NUMBERS

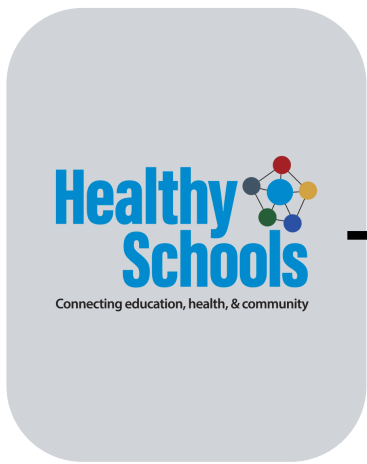
Of the 23 major activities we set out to achieve by the end of the first year (June 30, 2022), 91% were either completed (19) or were close to completing (2). Two activities were incomplete.

91%

Of the 10 metrics identified for year one, all were complete (8) or partially complete (2) at the high school level and two are in progress. Completing these benchmarks are significant because they are essential for improving student health and educational outcomes.

100%

RESULTS: SHORT-TERM



Short-term (1 yr)

- ↑ School Community Engaged in SHIP
- ↑ Shared Priorities and Actions
- ↑ Capacity Built for EBPs

Mid-term (2-3 yrs)

- ↑ Collaboration and Integration
- ↑ EBPs
- ↑ Links to care
- ↓ Unmet health needs
- ↑ PYD

Long-term (3+ yrs)

- ↑ School Climate and Culture
- ↑ Student Health Outcomes
- ↑ On-time Grad
- ↓ Disparities

LET'S UNPACK THE SHORT-TERM RESULTS

INCREASE SCHOOL COMMUNITY ENGAGED IN SHIP



Definition: The SHIP is how we get to each school's priority plan. It stands for School Health Improvement Process. When we involve students, parents, and staff, we build a plan that includes priorities that everyone believes in and can rally around.

RESULTS:

- 39 school staff
- 70 students
- 6 parents
- 6 community partners



INCREASE SHARED PRIORITIES AND ACTIONS



Definition: When everyone knows what the plan is and what will be happening, it makes it more likely that the work will get done. It also helps the entire school community work well together. There are so many different parts within a school and they all have to work together to promote a healthy approach. For example, teaching kids to eat their vegetables in the classroom loses its impact if there are not any vegetables available at lunch or at home.

RESULTS:

Here are the shared priorities and actions that schools said were needed in order to get to the long-term goals of Healthy Schools.

- Improve inclusiveness and support for persons identifying as lesbian, gay, bisexual, transgender, and queer, and black, indigenous, and people of color
- Improve collaboration between success and support programs
- Increase the number of mental health supports available during and after school
- Improve school climate and culture
- Increase family and student engagement
- Improve school belongingness
- Improve knowledge of campus resources and healthy behaviors

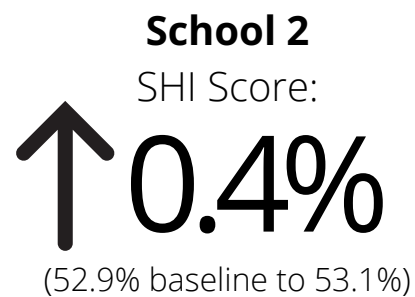
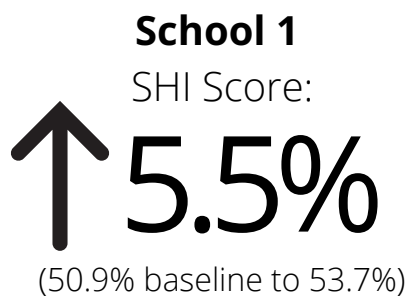


RESULTS: SHORT-TERM

INCREASE CAPACITY BUILT FOR EBP



Definition: There are activities called Evidence Based Practices (EBPs) that are known to improve the health of students. We use a tool called the School Health Index, or SHI, to measure EBPs. We aim to increase each school's EBPs. Before schools and teachers can change their practices, they need to know which practices to change, why that change matters, and how to make the change. That's capacity-building.



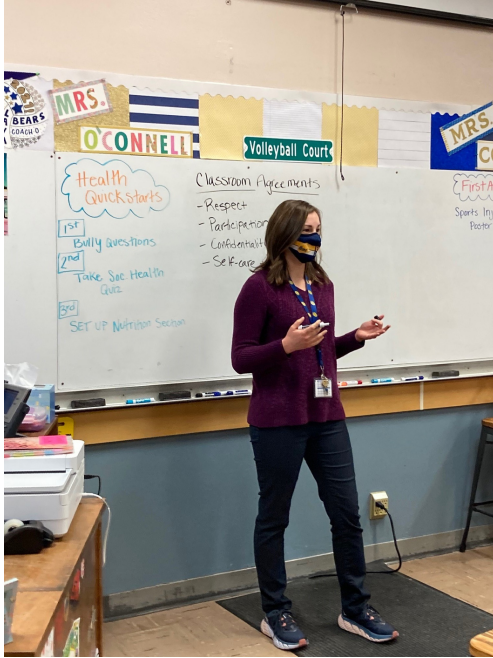
Increases in the SHI scores means that schools have increased their evidence-based practices. We did not expect to see changes in the schools' evidence-based practices this quickly but we did. Both schools had similar amounts of gains over the year, but one school lost their health teachers which reduced their score. We saw these improvements because of new trainings and collaboration to support students.

RESULTS TAKE AWAY

These short-term results are important. If they aren't in place and done well, it can prevent the results we want to see two and three years down the road. What these early results show is that Public Health Specialists were able to effectively engage with their school to begin building the way for greater prevention. It might be compared to building a house. You have to have a plan before you can start and one of the first things that is established in the concrete foundation. Our Public Health Specialists have worked with the schools to do just that, develop a plan and foundation by which to build upon.



Suicide Prevention Education at Bend Senior High



Bend Senior High's Public Health Specialist provided Bend Senior High's suicide prevention education for the 2021-2022 school year.

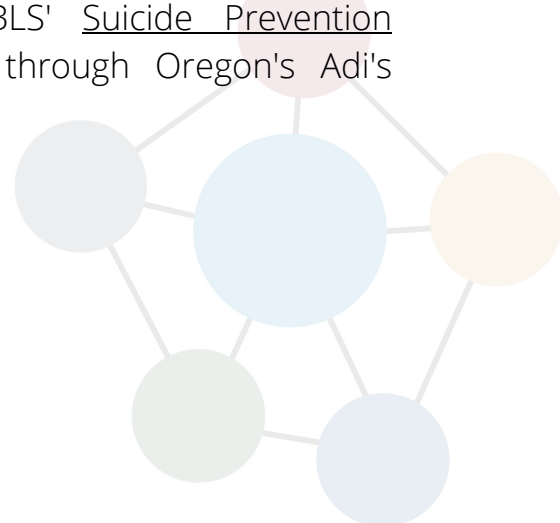
This service **reached over 462 students in mostly 9th and 10th grade** with effective suicide prevention education curricula. She relieved Health teachers and school counselors of over **43 hours of instructional time** and an unknown amount of prep time.

The Public Health Specialist worked with their school counselors, Health teachers, and the Deschutes County Suicide Prevention team to assure that the education was delivered with fidelity, aligned with best practices for suicide prevention, and delivered in a way that was most engaging for Bend Senior High students.

Bend-La Pine Schools requires 6 evidence-based suicide prevention education programs to be delivered over grades 6-12. This is part of BLS' Suicide Prevention Protocol, required through Oregon's Adi's Act.

"Teachers always appreciate when "experts" get a chance to come speak. It gives students a break from listening to teachers, in addition to an opportunity to learn from someone designated to this expert role. Typically these lessons are completed by a counselor, which means that, on average, a counselor is using 10 hours of their school day to be in the health classes, taking away from the daily connection and completion of activities for a typical day in the life of school counselor. This shift also allows counselors to be more readily available for supporting students who might need additional support and resources."

– Christine Ewing,
Bend Senior High School
Counselor

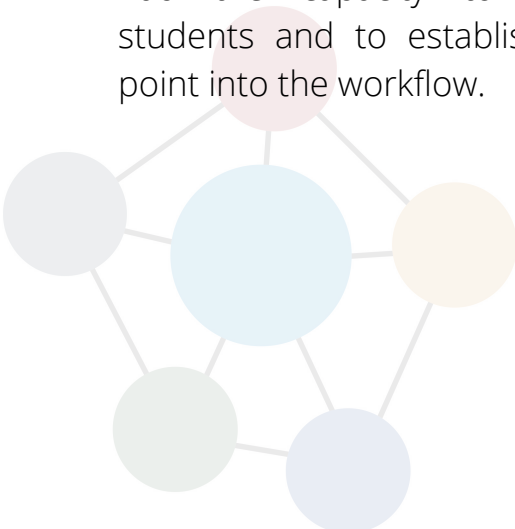


Expanding UpShift at La Pine High

The Public Health Specialist (PHS) at La Pine High filled the school's immediate need for a coordinator for their UpShift Program. This role includes screening students who violate the school's substance use policy and referring them into the appropriate level of care depending on their substance use risk. Students receive an early intervention program at school and/or treatment by a licensed therapist instead of an automatic out-of-school suspension.



The PHS met with the School Resource Officer (SRO), a Deschutes County Sheriff's Deputy, to inform him about the program and other efforts happening at the school for youth substance use. The SRO became interested in referring youth into the program. The PHS consulted with the school administrators, school counselors, the providers receiving the referrals, the Deschutes County UpShift Strategist, and the SRO to make sure the school's program had the capacity to serve additional students and to establish the new entry point into the workflow.



*"My contacts generally end in a warning or citation. There wasn't any real tool for follow-through here and it left the responsibility for additional action either in the **hands of the family or the court with a large gap between the two.**"*

UpShift provides a real resource with most of the common barriers removed to bridge that gap that I can name, point to, and feel good about suggesting because it provides an actual chance for help and follow through. I expect to see a much higher rate of success among students dealing with substance abuse because instead of sending the student or their family out into the unknown to address a problem they may not have the tools or resources to solve, this brings help, support, and options to the students directly. "

-Deputy Woods, School Resource Officer, County Sheriff's Deputy

SUCCESSES



"The Healthy Schools program has been a positive addition to La Pine High School and the La Pine community. I have worked with various groups in South County, and pre COVID facilitated a community group focused on creating partnerships between the schools, the community, and local resources/services. One of the biggest challenges was connecting health related services to the schools and providing resources for our students, families, and community. Amanda, our Public Health Specialist, has worked diligently to understand the La Pine community and identify resources to meet the health-related needs of the community. I look forward to continuing this partnership to ensure services and resources are accessible to the entire community of La Pine and strengthen the school and community relationship."

- Leslie Reif, Interim Assistant Principal, La Pine High School

"[Our Public Health Specialist] almost seamlessly joined our school's [multi-tiered system of supports] group and provided valuable insight about resources available for students. I'm glad to have someone on campus to provide extra resources, ideas, and support for students and staff."

- Teacher

"[Our Public Health Specialist] was a great resource for us teachers. I hope it is a position that will continue to be available for her as well as for us."

- Teacher

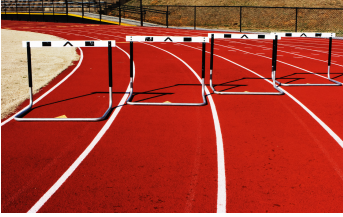
"Both the school district and county commissioners deserve credit for trying something new to tackle these public health challenges in the schools. Without intervention, more students will fail to succeed in school."

- Bend Bulletin

"[Our Public Health Specialist] jumped right into our school, learning the staff, students, culture, needs, and strengths. She has embedded herself so beautifully in our school especially in a hard year. Her systems lens is much needed and we are soooooo grateful for her!!!"

- School Counselor

LESSONS LEARNED



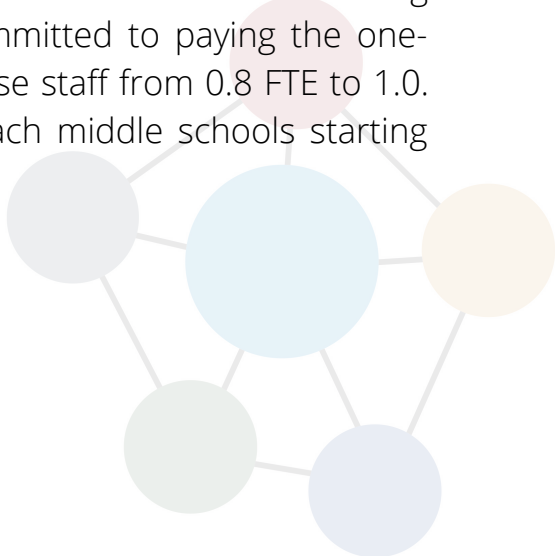
One activity that was not complete was developing our communications plan. COVID-19 and turnover in our communications staffing did not allow for us to develop this plan. Instead we made progress by identifying key points of contacts, communication channels that can be used, health communication priorities, and content related to vaping for families and staff. However, all of our public facing documents were either delayed or not created as a result.



Another activity we did not complete was reaching the middle schools that feed into Bend and La Pine High Schools: Pilot Butte and La Pine middle schools respectively. Our Public Health Specialists (PHS) were not able to reach their assigned middle schools during their first year, as intended. The PHS work starts at the high school level, and once prioritization and planning is complete, the PHS conducts the same process at the middle school. This workflow is important to identify the downstream issues in the high school and to create an aligned, upstream plan in the middle school that addresses priorities at both schools and aids students/families' transition across school sites. The delay in reaching the middle schools was due to the following factors: delays in PHS recruitment and start times, part-time status of our PHS, and the time it takes to develop our program tools and adapt to school needs, including time constraints of school staff.



Fortunately, in June 2021, the Deschutes County Board of Commissioners adopted a budget for the 2022-2023 fiscal year that would allow us to increase our PHS to full-time. Starting July 1, 2022 Deschutes County committed to paying the one-time additional cost to increase these staff from 0.8 FTE to 1.0. As a result, PHS will be able to reach middle schools starting next year.



ACKNOWLEDGEMENTS

Healthy Schools was made possible through funding provided by Bend-La Pine Schools and Deschutes County. The commitment to joint funding and ownership of this program allows resources to be directed in a manner that addresses our local community's needs and priorities. This partnership is an innovative approach to supporting our communities kids, families and schools.

Special thanks to our colleagues in the following organizations for the extensive time and effort they have contributed to the development of Healthy Schools:

- Bend-La Pine Schools district office staff
- Bend-La Pine Schools school building staff
- High Desert Education Service District
- Deschutes County Health Services

FOR MORE INFORMATION

Reach out and ask us questions. We are eager to talk about this program. Contact us by email or find out more from our webpage:

- healthyschools@deschutes.org
- deschutes.org/healthyschools

