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About the Network for Public Health Law

The Network is a national initiative of the Robert Wood Johnson Foundation launched in 2010 to advance law as a tool to improve public health.

Experts in public health law, our leadership team comprises a National Director and five Regional Office Directors who lead teams of Network attorneys across the U.S.
Legal Technical Assistance

Network attorneys in your region can answer questions on a wide range of public health legal issues at no cost, and can assist you in using law to advance your public health initiatives.

Visit networkforphl.org.
Education as a Social Determinant of Health: The Role of Laws and Policies

February 23, 2017
Moderator

Dawn Pepin, Public Health Analyst, Chenega Professional and Technical Services, LLC., Public Health Law Program, Centers for Disease Control and Prevention

- J.D., Seton Hall University School of Law
- M.P.H., Johns Hopkins University
- Research interests/areas of expertise:
  - Health disparities
  - Health crisis and humanitarian assistance
  - Vulnerable populations
Presenter

Becky Sustersic Carroll, Health Policy Analyst, Health Policy Institute of Ohio

- M.P.A., Ohio State University John Glenn College of Public Affairs
- Research interests/areas of expertise:
  - Social determinants of health
  - Prevention
  - Healthcare access and quality
Presenter

**Alex Mays**, National Program Director, Healthy Schools Campaign

- M.H.S., Johns Hopkins Bloomberg School of Public Health
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  - Health disparities
  - School food and fitness
  - Environmental health
  - Health services and education
Presenter

**Jill Krueger**, Director, Northern Region, Network for Public Health Law

- J.D., University of Iowa College of Law
- Research interests/areas of expertise:
  - Health disparities
  - Mental health
  - Foot safety
  - Rural health
**Social Determinants of Health**


![Image of the health impact pyramid](image-url)

- **Factors that Affect Health**
  - Socioeconomic Factors
    - Changing the Context to make individuals’ default decisions healthy
    - Long-lasting Protective Interventions
    - Clinical Interventions
      - Counseling & Education
  - **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

* Smallest Impact
* Largest Impact
Connections between education and health: 
A focus on Ohio

Becky Sustersic Carroll, MPA
February 23, 2017
Vision

To influence the improvement of the health and well-being of all Ohioans

Mission

To provide the independent and nonpartisan analysis needed to create evidence-informed state health policy
HPIO core funders

- Interact for Health
- Mt. Sinai Health Care Foundation
- The George Gund Foundation
- Saint Luke’s Foundation of Cleveland
- The Cleveland Foundation
- HealthPath Foundation of Ohio
- Sisters of Charity Foundation of Canton
- Sisters of Charity Foundation of Cleveland
- Cardinal Health Foundation
- United Way of Greater Cincinnati
- Mercy Health
- CareSource Foundation
- SC Ministry Foundation
- United Way of Central Ohio
Our core audience

State policymakers and other stakeholders who engage in the policymaking process
Factors that influence health

- Social and economic environment: 40%
- Clinical care: 20%
- Health behaviors: 30%
- Physical environment: 10%

Health Policy Brief
Connections between education and health

This brief provides an overview of the relationship between education and health. In 2017, the Health Policy Institute of Ohio will release a series of fact sheets discussing specific policy recommendations to improve health and educational outcomes in Ohio.

Health and education are areas of significant focus for Ohio policymakers, representing the largest share of Ohio’s biennial budget for state fiscal years (SFY) 2016-2017. See Figure 1. Among the 797 bills introduced in the 131st General Assembly between Jan. 1, 2015 and Nov. 4, 2016, 42 percent were related to health and/or education.

The relationship between education and health

There is widespread agreement that factors outside of the healthcare system influence health. Research consistently shows a strong relationship between educational attainment and health, even after accounting for factors such as income, race, ethnicity and access to healthcare.

People with more education live in healthier communities practice healthier behaviors, have better health outcomes and live longer than those with less education. At age 25, college graduates in the U.S. can expect to live nine years longer than adults without a high school diploma, a gap that has been widening since the 1960s.

Chronic conditions, such as asthma, diabetes, heart disease, hypertension and lung diseases, are more prevalent and tend to be more severe among individuals with lower levels of education. Consequently, individuals with less education are more likely to generate higher healthcare spending in the long run.

Figure 2. The relationship between education and health

Education: Improves health outcomes
- Increased income
- Healthy behaviors
- Social and psychological benefits
- Health knowledge and self-care
- Above average

Health: Improves health outcomes
- Attendance
- Chronic conditions
- Learning disabilities
- Poor health can put education at risk (Reverse causality)

Other factors:

Social factors

Source: Adopted from Virginia Commonwealth University: Why Education Matters to Health Spending
The Briefs, Nov. 13, 2015
Ohioans reporting fair or poor health (2015)
Percent of Ohio adults ages 25 and older reporting fair or poor health, by educational attainment

<table>
<thead>
<tr>
<th>Educational Attainment</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school</td>
<td>35.5%</td>
</tr>
<tr>
<td>High school graduate</td>
<td>21.8%</td>
</tr>
<tr>
<td>Some college or technical school</td>
<td>15.4%</td>
</tr>
<tr>
<td>College grad</td>
<td>6.5%</td>
</tr>
</tbody>
</table>

**Source:** SHADAC analysis of the Behavioral Risk Factor Surveillance Survey, as compiled by the RWJF DataHub

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Adult chronic disease prevalence in Ohio and the U.S. (2015)

Percent of Ohio and U.S. adults who report having one or more of the following chronic conditions: diabetes, cardiovascular disease, heart attack, stroke and asthma, by educational attainment

- Less than high school: 35%
- High school graduate: 28.4%
- Some college or technical school: 26.3%
- College graduate: 18.2%

Source: SHADAC analysis of the Behavioral Risk Factor Surveillance Survey, as compiled by the RWJF DataHub
The relationship between education and health

1. Education can create opportunities for better health
   - Income/resources
   - Healthy behaviors
   - Social/psychological benefits
   - Healthier neighborhoods

2. Poor health can put education at risk (reverse causality)
   - Attendance
   - Concentration
   - Learning disabilities

3. Conditions throughout people’s lives can affect both education and health

**Other factors**
- Social policies
- Individual/family characteristics

How education impacts health
More education $\rightarrow$ Better jobs $\rightarrow$ Financial resources $\rightarrow$ Healthier communities, better access to health care, less stress
Health literacy → Healthier behaviors, better ability to navigate the health care system
Social support → Better physical and mental health
How health impacts education

Healthy students → Better attendance and ability to concentrate in class → Better educational outcomes
Several factors that impact both education and health

- Prenatal health
- Educational attainment of the mother
- Child malnutrition
- Exposure to toxins
- Parent-child relationship
- Chronic stress
- Adverse childhood experiences (ACEs)
Influence of adverse childhood experiences (ACEs)

Adverse childhood experiences
- Psychological, physical or sexual abuse; witnessing violence against the mother; or living with household members with substance abuse or mental health conditions, who have attempted or committed suicide or who have ever been imprisoned.

Disrupted neurodevelopment

Social, emotional and cognitive impairment

Adoption of health risk behaviors

Disease, disability and social problems

Early death

Death

Conception


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Relevance to state policymakers
Ohio biennial budget appropriations
(SFY 2016-2017)

- **Health and human services**: 55.9%
  - $39,810 million
- **Education (including K-12 and higher education)**: 33.4%
  - $23,779 million
- **Other**: 10.7%
  - $7,631 million

**Note**: Includes total state and federal general revenue fund appropriations

**Source**: Ohio Legislative Service Commission Budget in Brief (House Bill 64 – As Enacted)
42%
Of legislative bills in the 131st General Assembly were related to health and/or education

Note: Based on an HPIO analysis of bills introduced between Jan. 1, 2015 and Nov. 4, 2016
Educational attainment in Ohio and the U.S. (2014)
Highest level of educational attainment for adults ages 25-64

- No high school diploma: 11.7% (Ohio), 9% (U.S.)
- High school graduate (including equivalency): 26.4% (Ohio), 21.5% (U.S.)
- Some college, no degree: 21.2% (Ohio), 21.5% (U.S.)
- Associate degree: 9.6% (Ohio), 8.9% (U.S.)
- Bachelor's degree: 20% (Ohio), 20% (U.S.)
- Graduate or professional degree: 10.5% (Ohio), 11.5% (U.S.)

Source: U.S. Census Bureau, 2014 American Community Survey, as reported by the Lumina Foundation

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Student educational outcomes in Ohio and the U.S. (2015)
Percent of students scoring at or above proficiency on the National Assessment of Educational Progress

<table>
<thead>
<tr>
<th>Grade Level</th>
<th>Ohio</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fourth grade reading</td>
<td>38%</td>
<td>35%</td>
</tr>
<tr>
<td>Fourth grade math</td>
<td>45%</td>
<td>39%</td>
</tr>
<tr>
<td>Eighth grade reading</td>
<td>36%</td>
<td>33%</td>
</tr>
<tr>
<td>Eighth grade math</td>
<td>35%</td>
<td>32%</td>
</tr>
</tbody>
</table>


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## Ohio health indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Ohio</th>
<th>Year of most recent data</th>
<th>Ohio’s rank among 50 states and D.C.*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant mortality. Number of infant deaths per 1,000 live births (within 1 year)(^\text{12})</td>
<td>7.2</td>
<td>2015</td>
<td>39(^**)</td>
</tr>
<tr>
<td>Youth all tobacco use. Percent of youth ages 12-17 who used cigarettes, smokeless tobacco, cigars or pipe tobacco during the past 30 days(^\text{13})</td>
<td>9.4%</td>
<td>2013-2014</td>
<td>37</td>
</tr>
<tr>
<td>Hospital admissions for pediatric asthma. Hospital admissions for asthma, per 100,000 children ages 2-17(^\text{14})</td>
<td>124.8</td>
<td>2013</td>
<td>31</td>
</tr>
<tr>
<td>Adult smoking. Percent of population age 18 and older that are current smokers(^\text{15})</td>
<td>21.6%</td>
<td>2015</td>
<td>43</td>
</tr>
<tr>
<td>Adult diabetes. Percent of adults who have been told by a health professional that they have diabetes(^\text{16})</td>
<td>11.0%</td>
<td>2015</td>
<td>35</td>
</tr>
<tr>
<td>Adult depression. Percent of adults who have ever been told they have depression(^\text{17})</td>
<td>19.6%</td>
<td>2015</td>
<td>30</td>
</tr>
<tr>
<td>Life expectancy. Life expectancy at birth based on current mortality rates(^\text{18})</td>
<td>77.8</td>
<td>2010</td>
<td>37</td>
</tr>
</tbody>
</table>

* Rank of 1 is the best and 51 is the worst

** Rank is based on 2014, the most recent year for which data is available for other states
Policy implications

Given the many connections between education and health, policymakers should:
• Prioritize evidence-informed policies with both education and health benefits
• Consider the impacts of education policies on health outcomes, and the impacts of health policies on education
• Ensure that all Ohio students receive comprehensive, age-appropriate and consistent health information in K-12 education
• Encourage stronger partnerships and greater collaboration between the education and health sectors at the state and local levels

**Education**
- State agencies
  - Ohio Department of Education
  - Ohio Department of Higher Education
- Legislative committees
  - House Standing Committee on Education and Career Readiness
  - Senate Standing Committee on Education
  - Joint Education Oversight Committee

**Health**
- State agencies
  - Governor’s Office of Health Transformation
  - Ohio Department of Health
  - Ohio Department of Medicaid
  - Ohio Department of Mental Health and Addiction Services
- Legislative committees
  - House Standing Committee on Health
  - House Standing Committee on Community and Family Advancement
  - Senate Standing Committee on Health, Human Services and Medicaid
  - Joint Medicaid Oversight Committee
How has this information been translated into state policy?

- Executive budget
- State health improvement plan
- Ohio’s Every Student Succeeds Act (ESSA) draft plan
Thank you

Becky Sustersic Carroll, MPA
The Health Policy Institute of Ohio
bsustersic@healthpolicyohio.org
Twitter: @SustersicHPIO and @HealthPolicyOH
Healthy and Ready to Learn: Supporting Student Health and Wellness through ESSA Implementation
About Healthy Schools Campaign
Defining Student Health and Wellness

A school setting that understands and supports students’ well-being and student health as a foundation for learning. In this environment, good nutrition, physical activity, basic safety, clean air and water, access to care and building the knowledge and skills for students to make healthy choices that allow them to thrive.

Access to care includes physical, behavioral and mental health, dental and vision, prevention, screening and disease management.

In a healthy school, students learn—through lessons and through examples—to value their own health and that of the environment.
Every Student Succeeds Act
Opportunities for Supporting Student Health

- Title I: funding to states and school districts with high percentages of low-income children
- Title II: professional development and literacy
- Title IV: Student Support and Academic Enrichment Grants and community support for school success
Title I

• State accountability systems: assessments plus a required measure of school quality or success
• Report cards: required to include chronic absenteeism
• School improvement: required to include evidence-based interventions and identify resource inequities; informed by needs assessment
• Schoolwide Title I programs: informed by needs assessment
State Accountability Systems

- Must include not less than one indicator of school quality or student success
- Examples provided in ESSA:
  - Student engagement
  - Educator engagement
  - Student access to and completion of advanced coursework
  - Postsecondary readiness
  - School climate and safety
  - Any other indicator the State chooses that meets the requirements of this clause.
State Report Cards

Required to include the following measures of school quality, climate, and safety:

• Rates of in-school suspensions, out-of-school suspensions, expulsions
• School-related arrests
• Referrals to law enforcement
• Chronic absenteeism (including both excused and unexcused absences)
• Incidences of violence, including bullying and harassment
Title II

• Increased flexibility around how professional development funding can be used
• Allowable uses include supporting school staff in addressing chronic absenteeism
Title IV

- Student Support and Academic Enrichment Grants
  - Needs assessment
  - Programs that promote student health and well-rounded education
- Community Schools
- Promise Neighborhoods
ESSA requirements for needs assessments

ESSA requires that schools and school districts undertake comprehensive needs assessments as part of:

• Identifying needs and gaps in schoolwide or targeted improvement schools.
• Identifying the needs of homeless children.
• Grants for:
  • Literacy
  • Preschool development
  • Full-Service Community Schools
• Providing a well-rounded education (Title IV).
Stakeholder Engagement

ESSA requires stakeholder engagement in the following ways:

• State Level: Development of State Plans
• School District: Development of School Improvement Plans
State Plans

• Title I requires states to create plans that describe:
  • State standards
  • Plans for student assessments
  • Accountability systems, including measures and methods for identifying school districts in need of improvement
  • Methods for engaging stakeholders
• States are currently in the process of convening stakeholders and soliciting input on state plans
State ESSA Plans to Support Student Health and Wellness: A Framework for Action

Download online: healthyschoolscampaign.org/state-essa-framework
State Level Support

- Chose 10 (now 11) priority states (AL, DC, GA, IL, KY, LA, NC, SC, TN, OR, WVA)
- Collaborating with DOE staff, AHA and AHPERD affiliates, and local coalitions to provide input via online surveys, public stakeholder sessions, meetings with Superintendents, etc.
- Official written comments submitted for IL, NC, SC and TN (others to be submitted when drafts are released)
Timeline

- Full ESSA implementation to take effect no later than 2018-2019 school year
- Two deadlines to submit state plans: April 3, 2017 and September 18, 2017
- 2017-2018 school year is a transition year and year for data collection
Questions?
Thank you!

Alex Mays
Healthy Schools Campaign
alex@healthyschoolscampaign.org

Additional information can be found at
healthyschoolscampaign.org/policy/essa

Download
State ESSA Plans to Support Student Health and Wellness: A Framework for Action
healthyschoolscampaign.org/state-essa-framework
WSCC Model

[Diagram showing the WSCC Model, which includes components such as Health Education, Physical Education & Physical Activity, Nutrition Environment & Services, Health Services, Counseling, Psychological, & Social Services, Social & Emotional Climate, Physical Environment, Employee Wellness, Family Engagement, Community Involvement, and others.]

https://www.cdc.gov/healthyschools/wssc/index.htm

Innovative Laws and Policies to Address the Social Determinants of Mental Health in Schools   February 23, 2017
Education

Health-Related Provisions of the Every Student Succeeds Act

Background
On December 10, 2015, President Obama signed the Every Student Succeeds Act (ESSA) into law. ESSA is a reauthorization of the Elementary and Secondary Education Act first passed in 1965. The No Child Left Behind Act of 2002 was the previous reauthorization of the Elementary and Secondary Education Act. The principal concerns of ESSA are federal funding for elementary and secondary education and accountability for student outcomes.\(^1\) In general, state and local education agencies have greater authority under ESSA than under No Child Left Behind. Funding authorized under ESSA is subject to the federal appropriations process.\(^2\)

Because they help to shape the social and economic environment, laws governing education have an impact on health. In addition to its underlying impact on public health, the Act contains a number of provisions aimed directly at improving health, mental health, and safety in our nation’s schools. Health is addressed explicitly throughout ESSA, including in particular the provisions for planning, assessment, and accountability under Title I and provisions concerned with student support, academic enrichment, and community-based learning under Title IV. Providing equitable educational opportunities for economically disadvantaged children, children from all major racial and ethnic groups, children with disabilities, English language learners, children of both genders, migrant children, rural children, and homeless children and youth is addressed under ESSA.

Planning/consult w/ stakeholders
Comprehensive needs assessment
Community partnerships
Student support and academic enrichment grants
Improve school conditions
Activities to support safe and healthy students

https://www.networkforphl.org/_asset/s6lb0y/ESSA-Issue-Brief.pdf
Healthy People 2020 Goals

**Education**

**SDOH-2**  Proportion of high school completers who were enrolled in college the October immediately after completing high school

**AH-5.1**  Increase the proportion of students who graduate with a regular diploma 4 years after starting 9th grade

**AH-5.3.1**  Increase the proportion of 4th grade students whose reading skills are at or above the proficient achievement level for their grade

**DH-20**  Increase the proportion of children with disabilities, birth through age 2 years, who receive early intervention services in home or community-based settings

**EMC-2.3**  Increase the proportion of parents who read to their young child
AH-5.1 Increase the proportion of students who graduate with a regular diploma 4 years after starting 9th grade

» High School Completion Programs

» Address Truancy and Chronic Absenteeism

Trauma Informed Schools

RWJF Culture of Health Prizes for Menominee Nation and Spokane

Oregon Laws 2016, Chapter 68 (H.B. 4002)

Massachusetts—Trauma Sensitive Schools

» Address School Climate

ESSA Section 4101—Student Support and Academic Enrichment Grants
AH-5.1 Increase the proportion of students who graduate with a regular diploma 4 years after starting 9th grade (continued)

» Improve Student Skills and Teacher Training and Support

Positive Behavior Interventions and Supports
Multi-Tier System of Supports
Social and Emotional Learning
Healthy People 2020 Leading Health Indicators: Social Determinants

Progress in Pictures

Health starts in our homes, schools, workplaces, neighborhoods, and communities. Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. A key social determinant of health is access to educational, economic, and job opportunities.

**On-time High School Graduation Rates by Race/Ethnicity, 2009–10**

Students Awarded a High School Diploma 4 Years After Starting 9th Grade

- **93.1%** Asian or Pacific Islander, non-Hispanic
- **82.9%** White, non-Hispanic
- **71.4%** Hispanic or Latino
- **69.1%** American Indian or Alaska Native, non-Hispanic
- **66.1%** Black or African American, non-Hispanic

78.2% of students attending public schools graduated with a regular diploma, 4 years after starting 9th grade for the 2009–10 school year.

**HEALTHY PEOPLE 2020 TARGETS**

- **78.2%** (2009–10)
- **82.4%** (2020 TARGET)
- **6.4%** increase needed

Data source: Common Core of Data (CCD). ED/NCES.

Helpful resource:
CASEL: Collaborating Districts Initiative

Anchorage  Atlanta  Austin  Chicago

Cleveland  El Paso  Nashville  Oakland

Sacramento  Washoe County

In addition, we are working with a number of smaller affiliated districts. They participate in our meetings, receive consultant support from CASEL, and contribute their learnings to our SEL community.
Oregon Releases Plan To Confront 'Chronic Absenteeism' In School

by Rob Manning (Follow) OPB | Dec. 2, 2016 3:03 p.m. | Updated: Dec. 2, 2016 4:47 p.m. | Portland
EMC-2.3 Increase the proportion of parents who read to their young child

AH-5.3.1 Increase the proportion of 4th grade students whose reading skills are at or above the proficient achievement level for their grade

» Out of school academic programs—reading focused

» Reach Out and Read
  American Academy of Pediatrics

» School Libraries
  ESSA

» Eliminate Fines at Public Libraries

» Address “Book Deserts”
  Libraries (School, Public, Little Free)
  Healthy Book Financing Initiative"?
SDOH-2  Proportion of high school completers who were enrolled in college the October immediately after completing high school

» **Financial Aid Programs**
  - Pell grants
  - Student loans
  - Work study

» **Regulate for-profit educational institutions**

» **DREAM Act/ DACA**
  - Federal Policy Memo—Deferred Action for Childhood Arrivals
  - State DREAM Acts
DH-20 Increase the proportion of children with disabilities, birth through age 2 years, who receive early intervention services in home or community-based settings

» Individuals with Disabilities Education Act, Part C


Contact Me

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Thank you for attending

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