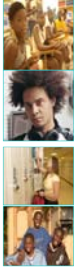


Center for School, Health and Education


*Building Capacity of SBHC Leaders to Integrate Public Health with Primary Care*  
*A learning series developed with funding from the CDC*



**SBHCs Beyond the Clinic**

**Building Capacity of SBHC Leaders to Integrate Public Health with Primary Care**

Presented by  
 Leslie Parks  
 Center for School, Health and Education




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**The Goal**




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**Guiding Questions**

- What are the distinctions between primary care and primary prevention?
- What are some illustrations of these distinctions?
- What is the applicability to SBHCs?
- How does primary prevention differ from our current practices?
- How can we incorporate primary prevention?


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## Public Health Prevention



- **Primary**
- **Secondary**
- **Tertiary**

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## Primary Prevention to Increase Population Health Outcomes


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## The Strategy



- 1) Clinical interventions**  
*With individuals and groups, in and out of the clinic*
- 2) Primary prevention**  
*With the school wide population*
- 3) System changes**  
*Review, revise, and or create policies and practices in the clinic, school, school district or community*

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### Clinical interventions



- Basic Assumptions:**
- *Conducted with individuals and groups, in and outside of the clinic*
  - *Response to an identified problem*
  - *Medical model; ascribes "illness" and seeks to evaluate and treat person or persons to prevent further harm*
  - *Can include health education*

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### System changes



- Basic Assumptions:**
- *Conducted with stakeholder groups, organizations, governments*
  - *Response to an identified or potential problem*
  - *Seeks changes to policies, practices, procedures*
  - *Can include clinic, school, school district, community and beyond*

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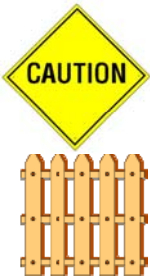
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### Primary prevention



- Basic Assumptions:**
- *Conducted with at risk populations (e.g., all students are the "group")*
  - *Response to risk (potential problem)*
  - *Ecological model; ascribes risk to exist on multiple levels*
  - *Seeks to lower or eliminate risks across the population*
  - *Addresses the root causes (e.g., social determinants of health)*

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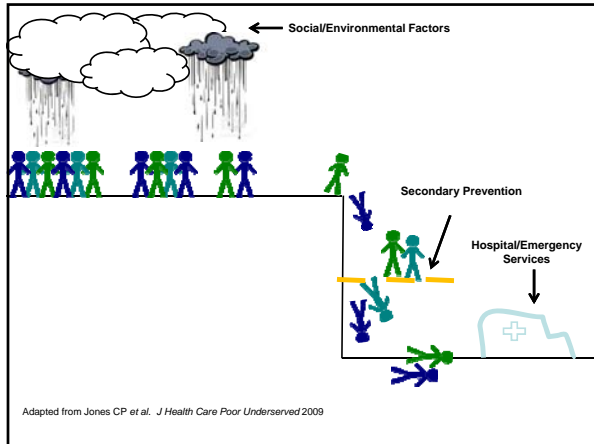
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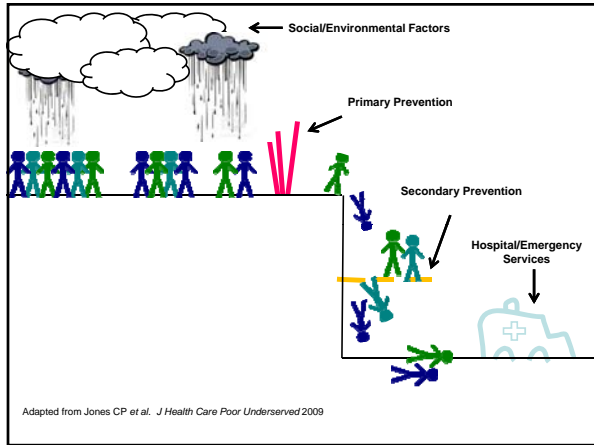
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**Looking Upstream**

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## Treat the Water So the Fish Can Heal



shutterstock - 193850219

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## Social Determinants of Health



- Unemployment
- Substandard housing/schools
- Limited access to healthy food
- Inadequate access to medical care
- Concentrated pollution
- High crime/violence/aggressive policing
- Low levels of educational attainment
- Residential segregation
- Racism



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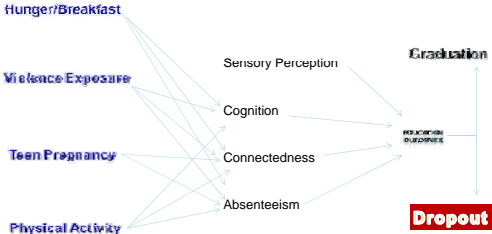
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## Health Risks of Achievement

Common Educationally Relevant Health Disparities for Urban Youth



```

    graph LR
      subgraph Disparities
        H[Hunger/Breakfast]
        V[Violence Exposure]
        TP[Teen Pregnancy]
        PA[Physical Activity]
      end
      subgraph Cognitive
        SP[Sensory Perception]
        C[Cognition]
        CO[Connectedness]
        A[Absenteeism]
      end
      subgraph Outcomes
        G[Graduation]
        B[Dropout]
      end
      Disparities --> Cognitive
      Cognitive --> G
      Cognitive --> B
      G --- B
      B --- ED[educational outcomes]
  
```

Source: Charles Basch

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## How To?

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## How To?

- From the literature
- From school records
- From our clinical experience
- From conversations with students
- From our observations of staff, parents, the community
- From the assessment of students

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## How Can We Address the Barriers to Benefit the Entire Population?

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## School Climate

### Protective Factors

- Feeling loved and **connected**
- Having a sense of **belonging**
- Having **supportive** adults
- **Engagement** in school
- Developing a range of **skills**
  - **Coping**
  - **Empathy**
  - **Problem-solving**
  - **Conflict resolution**
  - **Help-seeking**

### Key Points

- The interplay between social environment and the brain is profound.
- The environment impacts brain development **AND** the environment is processed through a developing youngster's brain



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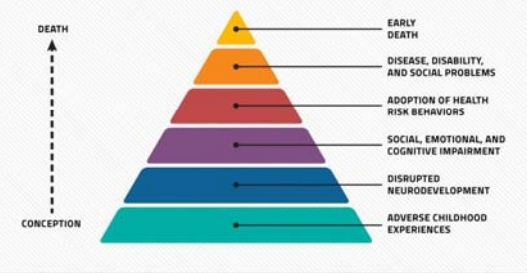
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### How Adverse Childhood Experiences Can Influence Health Throughout Life



Adapted from Felitti et al., 1998 and Whitfield CL at <http://www.chehlit.com/ACEstudy.htm>.

From: Center on Society and Health

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## Setting Goals

### Goals

- Enhance school climate
- Increase school connectedness
- Reduce prevalence of sadness and anger

### Expected Outcomes

- Reduced risk behaviors
- Reduced disruptive behavior or violence
- Reduced suspensions

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**Some Primary Prevention Approaches**



- Institute a 5 minute mindfulness session over the PA system in each first period class
- Incorporate staggered participation of all students in a healing circle into the schedule
- Provide a supervised “cool down” room with music listening stations and/or boxing equipment
- Paint the interior of the school in bright colors, add murals painted by the students
- Integrate youth advocacy and social action into the curriculum

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**Some Primary Prevention Approaches**



- Advocate for policies that increase shared decision-making with students
- Quiet music and granola bars at the security entrances
- Series of staff professional development workshops
- Review of school policies that directly or indirectly impact climate
- A peer court to review school discipline decisions
- Re-training of school security officers

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## Primary Prevention

Action at the bark...



...Not the bite




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## Promise of School-Based Health Care

Geographic Location of SBHCs (n=1364)

Location	Percentage
Urban	54.2%
Rural	27.8%
Suburban	18.0%

From: 2010-11 School-Based Health Alliance Census Report

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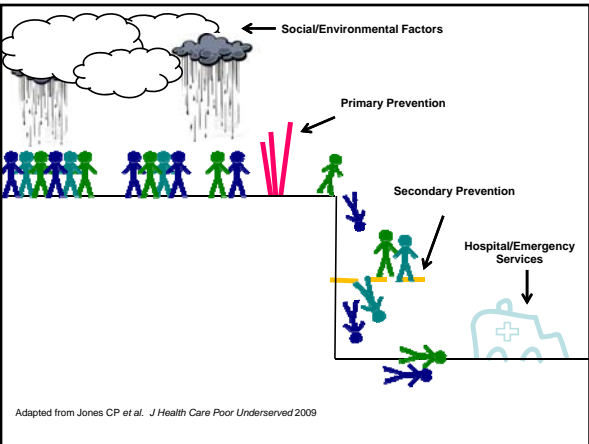
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## Presenter's Bio



Leslie Parks is the Deputy Director for the Center for School, Health and Education at the American Public Health Association (APHA) in Washington, D.C., with responsibility for leadership and administration in the implementation of programmatic and policy strategies of the Center in collaboration with the Center's director.

The Center was seeded in 2010 at APHA to address the social determinants of school dropout through the adoption of public health practices and principles that emphasize school-wide prevention and health promotion.

Prior to coming to APHA, Parks worked for Georgia State University in the Institute for Public Health's National SafeCare Training and Research Center. There she coordinated the state wide effort to train and implement SafeCare, an evidence based parent education model adopted by the Georgia Department of Human Services to prevent child maltreatment.

Ms. Parks has more than 30 years of professional experience and a diverse background in both private industry and non-profit organizations. A former teacher, her experience also includes; project planning and management, grant writing, and leading a departmental self study for national accreditation.

Parks has an undergraduate degree from Mount Holyoke College, is completing a Masters of Social Work at Virginia Commonwealth University, and has worked both in the United States and abroad.

**Contact Information:**  
[Leslie.parks@apha.org](mailto:Leslie.parks@apha.org)  
202 777-2482



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