

Protecting the Health of Children: Missed Opportunities



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Children's Health



- 55.4 million students and 3.6 million staff/faculty at both public and private schools on any given day
- Students spend most of their waking hours at school
- Schools are a potential site for programs to improve children's health.
- Collaboration between schools and local health departments may be useful

Objective



- The Objective of this presentation is to explore the collaborative efforts between public health and schools to protect and promote the health of children and communities.

Methods



- National survey of local health departments and schools
- Stratified random sample of local health departments and companion school districts
- Data are from 159 local health departments responding to survey (22% response rate)

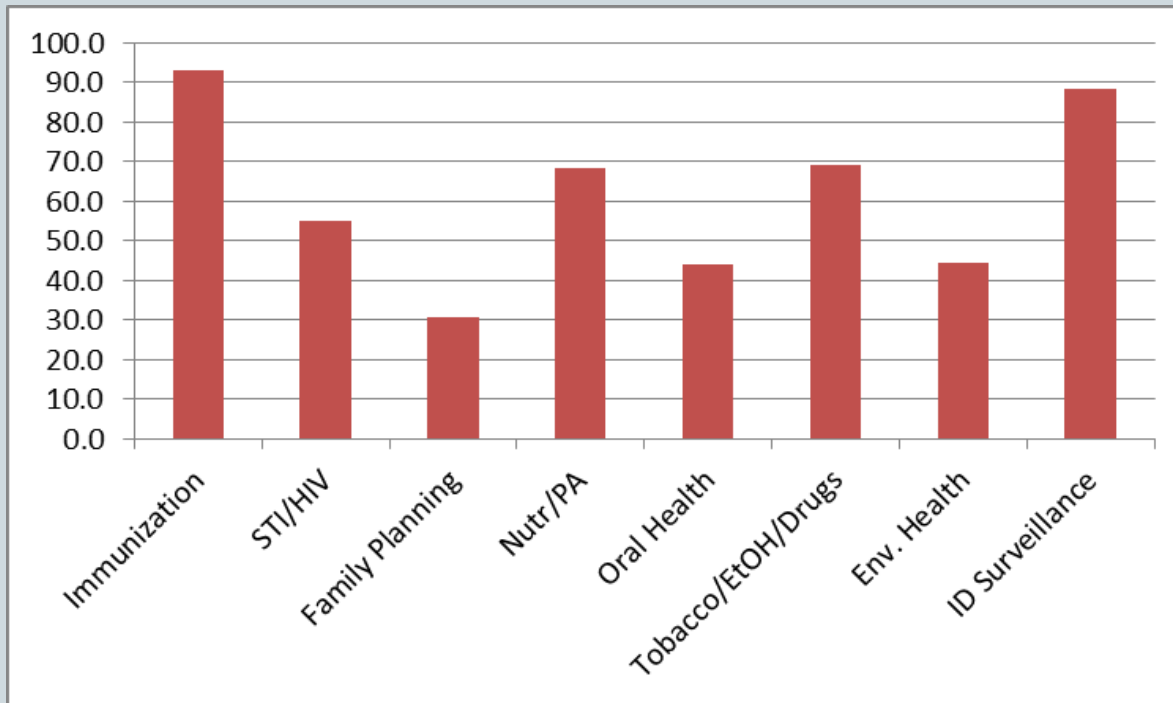
Characteristic	N	%
Self Reported Size of Population Served		
< 25,000	29	18.2
25,000 – 49,999	46	28.9
50,000 – 99,999	32	20.1
100,000 - 349,999	38	23.9
350,000 – 499,999	5	3.1
500,000 – 999,999	5	3.1
1 million or more	4	2.5
Urban/Rural		
Urban	26	16.4
Suburban	37	23.3
Rural	82	51.6
Frontier	14	8.8
Type of Jurisdiction		
County	118	74.1
Region	18	11.6
State	2	1.3
City or township	21	13.0

Number of Collaborative Activities with Schools



Activities	Frequency	Percent
1	6	3.6
2	18	11.4
3	16	10.3
4	24	15.0
5	26	16.7
6	36	22.7
7	12	7.4
8	21	13.0
Total	159	100.0

Collaboration with Schools



Types of Collaboration



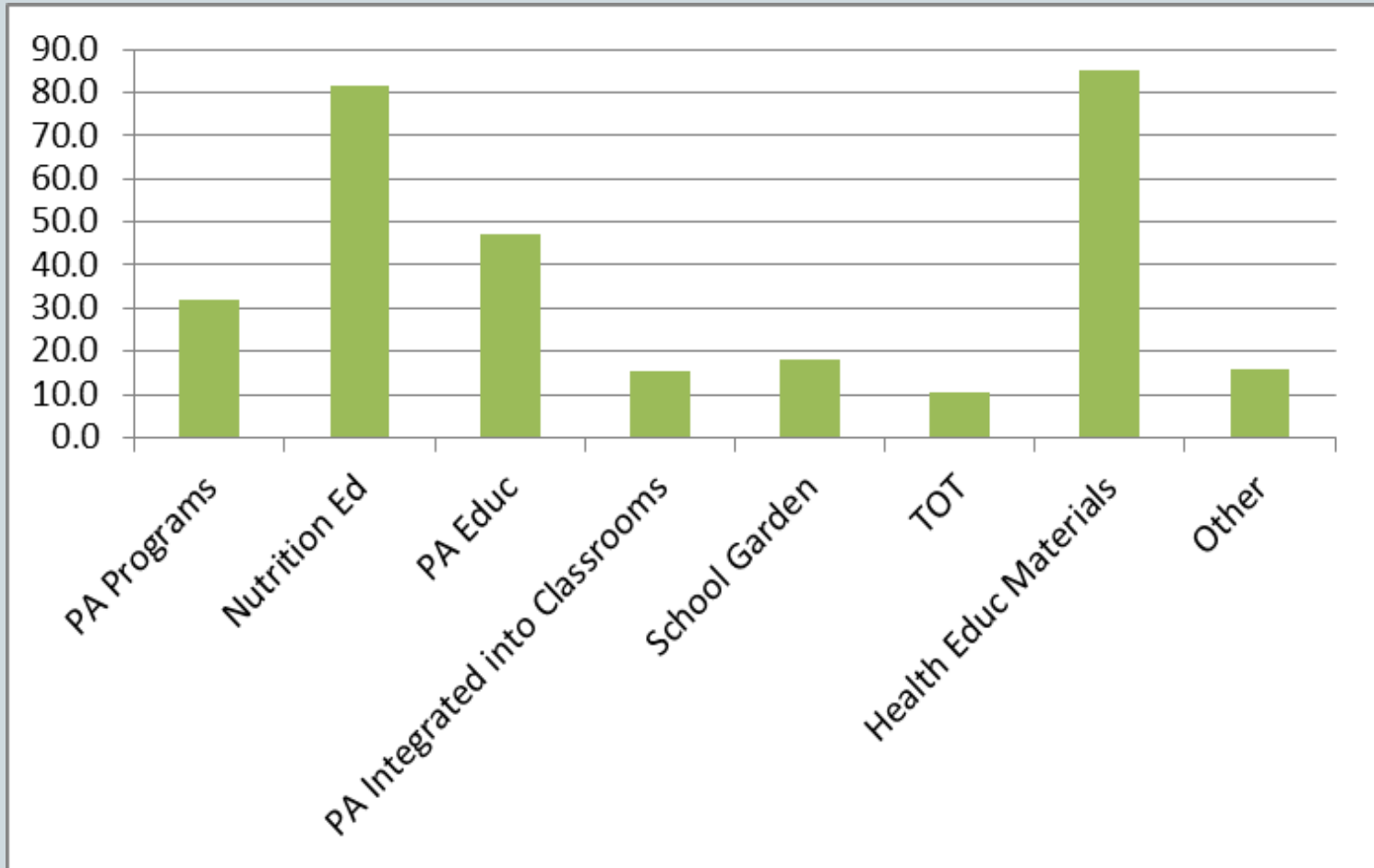
- Immunization, Infectious Disease
 - Clinics, surveillance
- STI/HIV, Drugs/Tobacco/Alcohol, Nutrition/
Physical Activity, Family Planning, Environmental
Health, Oral Health
 - Mostly health education, educational materials

Most Successful Collaborations



Most Successful Collaborations	
<i>Program</i>	<i>Percent</i>
Vaccination Program	21%
Flu	16%
Surveillance	12%
PA/Nutrition	9%
Sexual Health/Pregnancy	8%
Health Education	7%
Nursing Services	6%
Oral Health	5%
School Clinic	4%
Preparedness	4%
Substance/Tobacco/EtOH	4%
Other	4%

Missed Opportunities in Nutrition and Physical Activity



Conclusions



- Schools provide health department with access to children
- Surveillance activities and vaccination activities common
- Surveillance and vaccination programs more often judged as “most successful”
- Other collaborations tend to be provision of health education and materials
- Less likely to be “most successful”

Conclusions



- Provision of health education materials or simple delivery of knowledge (health education) not effective in changing behaviors.
- Behavior change most likely when students are engaged in activity.
- Changing the environment is necessary to support knowledge acquisition and move towards positive behaviors.