

Partnerships to Reach At-Risk Populations

At-risk populations are those people most at risk of severe consequences from a public health emergency, including societal, economic, and health-related events. This fact sheet series describes populations and partnerships with which state/territorial health agencies work to reach at-risk populations. State/territorial health agencies recognize the value of working with particular populations to ensure effective messaging in reaching as many people in the community as possible. Health agencies also recognize the importance of working through different partnerships to reach myriad populations with messages and countermeasures. These fact sheets focus on the value of these partnerships and reaching diverse populations and include examples of how public health agencies have successfully done so.

■ Population

Schools have direct contact with more than 95 percent of America's young people between five and 17 years of age, for about six hours a day, for up to 13 critical years of development.¹ Establishing healthy behaviors in school-aged children is more effective than attempting to change behavior later in adulthood. Schools and universities play a critical role in promoting young people's health and safety, and can help children and young adults to develop healthy behaviors and attitudes. The health of young people is also linked to their academic success, as health related factors such as hunger, chronic illness, or physical and emotional abuse can lead to poor school performance.¹ One in four children are at risk of failing out of school due to emotional or physical health problems, and 3,000 high school students drop out daily.²

School nurses are responsible for day-to-day management of the school population's health. School-based health center (SBHC) staff (medical doctors, nurse practitioners, physician assistants, social workers, psychiatrists, dentists, and dental hygienists) are primarily sponsored by local hospitals and community health centers. Serving elementary, middle, or high school-aged youth, school-based health centers allow easy access for students to comprehensive preventative, primary, and mental healthcare.

School nurses and SBHCs work in collaboration to address effective health promotion and prevention of disease. Generally, school nurses are salaried through the education system while SBHCs are predominantly funded by state health departments to carry out a public health agenda.³

Both school nurses and SBHCs are active partners in infectious disease prevention and control. School nurses play a role in disease surveillance, disaster planning, and immunization services. These critical community providers

often partner with janitors to reduce the spread of MRSA, as well as create collaborative school nurse/school leadership infectious disease programs in some major metropolitan areas to meet the unique needs of specific populations. School-based healthcare was involved in addressing infectious disease during the H1N1 pandemic, during which many communities looked to SBHCs for clinical services. Some SBHCs also provide testing and treatment for sexually transmitted infections (STIs). Funding for school-based health care can be challenging for the SBHCs as well as the school nurses who often are not able to bill for services provided. A business case for investment in both school nurses and SBHCs can be made: the preventative care provided by school nurses and SBHCs minimizes unnecessary school absences, resulting in decreasing student dropout rates, preventing disease infection, and reducing costs associated with hospitalizations and emergency room visits.⁴

■ Partnerships

Partnerships between health departments and schools/universities can advance health screening, scheduling of immunizations, and health promotion/disease prevention by targeting students in an environment that they frequent. Programs can focus on providing healthcare and screenings to students, providing health education, as well as a safe environment for students to ask questions about lifestyle choices. Health departments engage schools through exchanging information, providing funding for school-based clinics, or simply providing curriculum and materials to share with their communities.

These partnerships are very common as school-based health has become a priority for HRSA within the HHS. By keeping the students healthy and ready to learn, these initiatives benefit the educational systems as well as the health department.

Requiring immunizations before enrollment in school has been an effective way to promote vaccinations and reduce the spread of vaccine-preventable disease outbreaks for elementary, middle, and high school aged young people. Colleges and universities participate with health departments in similar ways by requesting immunization records, particularly for meningitis, which is easily spread in shared living environments.

Many state health departments have implemented exemplary programs in school districts across the nation. Ranging from vaccination requirements to STI interventions, the stories below illustrate how schools and health departments can partner to effectively deliver services and ensure healthy behaviors through education.

■ In Practice: Stories from the Field

During the 2009-10 H1N1 pandemic, Rhode Island identified school-aged children as a vaccination priority. Engaging schools in a vaccination partnership seemed like the ideal method to vaccinate the most children. The state health department, Medical Reserve Corps, Disaster Medical Assistance Team and schools worked together on a school-based vaccination campaign. The collaborative utilized its diverse qualities to address parents' concerns, ensure there was enough vaccine, and train capable vaccinators. The great success of the partnership is best summarized by its achievement of 73 percent vaccine coverage in school-aged children.⁵

The College Health Surveillance Network (CHSN) is a national database of health information (epidemiologic trends and health service utilization) for college students. During flu season, CHSN tracks total primary care visits for influenza-like illness reported by week at student health services on 15 college campuses. CHSN also abstracts data monthly from the electronic medical records of 22 participating schools.⁶

The Maine Center for Disease Control and Prevention (Maine CDC) evaluated the impact of 2009 H1N1 vaccinations on elementary and middle school student absenteeism during the fall and winter of 2009. With extensive partnerships among 93 schools and school nurses, Maine CDC was able to compile vaccination records and IT coordinators in the schools handled collecting student absenteeism information. Specific information included when the student received their 2009 H1N1 vaccine, the type of vaccine each child received, and whether a student had consent to be vaccinated but did not receive the vaccine. Overall, vaccine administration seemed to decrease absenteeism in Western Maine schools and officials pressed to continue vaccine clinics at schools and increase education to the public on vaccine safety and efficacy.⁷

Seattle Public Schools was chosen in 2008 as one of 10 districts across the country to receive a \$2.4 million five-year grant from the U.S. Department of Education. The goal was to transform two diverse high schools into full-service community schools, and increase academic attainment by providing comprehensive educational, social, and health services to the school community. One high school, Rainier Beach High School, has 78 percent of students enrolled in free lunch and 27 percent of seniors enrolling directly in college after graduation. The project aimed to develop a seamless, sustainable system of support services aligned with students' needs. Working with Seattle King County Public Health Teen Health Center, as well as partners like Planned Parenthood and YMCA, the Seattle Public School system implemented these ideas.²

The Philadelphia High School STD Screening Program delivers an educational program on chlamydia and gonorrhea to over 30,000 high school students each year, offering optional and confidential testing free of charge to students. Half of the students participating in the educational program choose to get tested, a success in the eyes of the Philadelphia Department of Public Health STD Control Program and the School District of Philadelphia. The results of the annual free STD testing were used to justify a pilot program for dispensing condoms in 22 high schools to address the public health crisis among young people in the city. The city has given out 4 million condoms since April 2011, and STD rates have dropped. The Philadelphia Department of Public Health has paired this distribution with an educational social media campaign to normalize condom use, including a contest to design a condom wrapper, advertisements on buses and in newspapers, a condom mailing program with discreet packaging, as well as a smartphone app to locate free condom dispensers (iCondom Philly).^{8,9,10}

According to Washington State Department of Health, the 2007 chlamydia rates were the second highest among young people, aged 15-17 years. Unintended pregnancies among females aged 15-17 resulted in more than 2,000 births during 2006. In response, a bipartisan group of Washington state legislators requested that the Department of Health and the Office of the Superintendent of Public Instruction jointly develop guidelines for sexual health and disease prevention. A Healthy Youth Act was also passed in 2007, requiring sexuality education that is medically and scientifically accurate and appropriate for all youth. This program was supported in part through CDC's Division of Adolescent and School Health.¹¹

Sources

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- ² Kramer C, Darrow M. "Developing partnerships between public health, schools and communities to support student success: A case study from King County, WA." Presented at the Coalition for Community Schools 2010 National Forum. Available at http://www.community-schools.org/assets/1/workflow_staging/AssetManager/1077.PDF. Accessed 3-17-2014.
- ³ National Assembly on School-Based Health Care, National Association of School Nurses. "School-based health centers + School nurses = Student success." May 2010.
- ⁴ Bobo, N, Juszczak, L. "Schools as a model for integration." Presented at the ASTHO meeting: Infectious Disease Integration of Public Health and Primary Care. Meeting report available at <http://www.astho.org/Programs/Infectious-Disease/Integration/Infectious-Disease-Integration-of-Public-Health-and-Primary-Care/>. Accessed 3-17-2014.
- ⁵ Schnirring, Lisa. "Public Health Officials Share School-based Vaccination Strategies." Center for Infectious Disease Research and Policy 6 Jan. 2010. Available at <http://www.cidrap.umn.edu/news-perspective/2010/01/public-health-officials-share-school-based-vaccination-strategies>. Accessed 3-17-2014.
- ⁶ College Health Surveillance Network. "Influenza-Like Illness (ILI) at Student Health Centers." Available at <http://www.collegehealthsurveillancenetwork.org/flu.php>. Accessed 4-2-2014.
- ⁷ ASTHO, CIDRAP. "Elementary and Middle Schools Collaborate with Public Health to Evaluate Vaccination and Absenteeism." Public Health Practices: Enhancing Emergency Preparedness and Response. Available at <http://www.cidrap.umn.edu/practice/elementary-and-middle-schools-collaborate-public-health-evaluate-vaccination-and>. Accessed 3-17-2014.
- ⁸ National Coalition of STD Directors. "Overview – Philadelphia High-School STD Screening Program." Available at <http://www.ncsddc.org/overview-phsssp>.
- ⁹ NCSDD. "Philadelphia City and County, Pennsylvania – STD Data At-a-Glance." Available at http://www.ncsddc.org/sites/default/files/media/philadelphia_city_and_county_std_data.pdf.
- ¹⁰ Prior M, Tolosa A. "Philadelphia Department of Public Health Condom Distribution Expansion Project." Available at <http://www.fight.org/pdf/aem/The-Philadelphia-Condom-Campaign.pdf>.
- ¹¹ CDC. Division of Adolescent and School Health. "Raising the Bar for High-Quality Prevention Education." Available at http://www.cdc.gov/healthyyouth/stories/pdf/2009/success_09_wa.pdf. Accessed 3-17-2014.

Further Reading:

Freudenberg N, Ruglis J. "Reframing School Dropout as a Public Health Issue." Preventing Chronic Disease 2007. Available at http://www.cdc.gov/pccd/issues/2007/oct/07_0063.htm. Accessed 2-4-2013.

Share Your State Or Territory's Story

ASTHO's "Have You Shared" initiative systematically collects and disseminates stories that highlight promising and useful practices and implementation strategies developed by state and territorial health agencies. If your jurisdiction has a project or program that may be of interest to other states or territories, complete a brief web form describing the story you would like to share at <http://www.astho.org/Forms/HaveYouShared/>. An ASTHO staff member will follow up with you for more information. A complete archive of ASTHO's state stories is available at www.astho.org/stories.