Leveraging a Culture of Health for Student Success

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• My comments are entirely my responsibility and do not represent official policy or position of the NE Department of Health and Human Services
• Robert Wood Johnson Foundation Public Health Nurse Leader, 2015 – 2017
• Employed as Maternal Child Adolescent Health Program Manager at DHHS Division of Public Health
• Former Health Services Coordinator at LPS (1998-2006) and State School Nurse Consultant (2006-2011)
• Public Health Nurse proudly working for children and families for 33 years and counting
• Culture is the systems of knowledge shared by a relatively large group of people.

• Culture in its broadest sense is cultivated behavior; that is the totality of a person's learned, accumulated experience which is socially transmitted, or more briefly, behavior through social learning.

https://www.tamu.edu/faculty/choudhury/culture.html
Why a Culture of Health?

- Growing awareness that we are not a healthy population.
- Those of us who are “healthy” are not prevailing, as far as health statistics and population health measures go.
- “Facilitate school nurse knowledge and influence to build a culture of health in communities where students live, learn, work, and play.”

*NASN Strategic Plan Goals for 2017-2020*
What’s a Culture of Health got to do with student success?

- Acknowledging the limits of individual behavior change
- Acknowledging the limits of health systems, services, and providers
- Recognizing that, in significant ways, health and educational success are functions of environments and opportunities
- How, then, do we influence improved outcomes for all students?
- How do we achieve population health, well-being, and equity???
Building a Culture of Health

- A framework developed in 2015 by the Robert Wood Johnson Foundation
- www.cultureofhealth.org
- Four Action Areas, each with Drivers and measures, to achieve the outcome:
  - Population Health, Well-being, and Equity
Creating Healthier, More Equitable Communities

- Our personal “health” stories
- Health occurs in context
- What words do you use to describe your environment growing up? Are they empowering words, or words of adversity and disadvantage?
- Consider: stability of home, quality of schools, privacy, physical and emotional safety, meal customs and food prep, cleanliness, noise, pests, toxins
Creating Healthier, More Equitable Communities

Examples of health in context:

- Flint, Michigan
- ACES and Toxic Stress
- Family Meals
- Child care subsidy and minimum wage
- Adequate affordable housing
Activity:

- Two reflections (words or symbols) about positive environments for students that you value.

- Two reflections (words or symbols) about adverse environments for students that concern you.

- Please share!
Drivers of Healthy and Equitable Communities

- Policies to assure adequate affordable safe housing for families.
- Programs that increase availability of healthy foods.
- Strategies to decrease exposure to health damaging factors.
- Strategies to lift children up from poverty and disadvantage as early in life as possible.
- Approaches to decrease residential segregation and physical areas of concentrated disadvantage.
- Public resources, such as public libraries and after school programs, to provide access to resources not dependent on fees, or policies for fee waivers.
Health as a Shared Value

• How do we measure (value) health?
We understand value by measuring the absence of it, e.g., homelessness, child hunger, child abuse and neglect, chronic disease, mental illness.

Or the costs of it, e.g., absenteeism, lost productivity at work.

Or by costs or success of recovering it, e.g., health care investments; Pain-free or episode-free days.
Other ways we demonstrate how we value health, or show our expectations of health for one another:

- Pharma commercials
- Legal manufacture of opioids
- Enlarging serving portions
- Professional sports
- Revoking motor cycle helmet laws, not enforcing seat belt or child safety seat laws
- Rejecting policies to increase taxes on sugary drinks and alcohol
- Refusing Medicaid expansion and other strategies to improve access to care
Health as a Shared Value

Infant Mortality and adverse birth events are often held as the measure of health in a population.

<table>
<thead>
<tr>
<th></th>
<th>United States</th>
<th>Cuba</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Mortality</td>
<td>5.8</td>
<td>4.2</td>
</tr>
<tr>
<td>Low Birth Weight</td>
<td>7.2% (13.6% for black women)</td>
<td>5.3% and no disparities</td>
</tr>
<tr>
<td>Prematurity</td>
<td>12 per 1,000 births</td>
<td>6 per 1,000 births</td>
</tr>
</tbody>
</table>
Health as a Shared Value

How about some positive measures of health?

• Longevity – *with functional capacities intact!*  
• Quality of life – independence, resilience, self-sufficiency  
• Policies to protect the environment and reduce exposures to toxins and pollution  
• Policies on safety of children and adequacy of homes and nutrition  
• First trimester entry to prenatal care  
• Vaginal births  
• High quality early care and education available to all families
There is no health without mental health
Mental health is achieved not through a life without troubles, but through a life with opportunities to develop optimism and resilience
Three recognizable mental health issues in populations:
- Poverty, especially Food insecurity among children
- Unresolved complex grief
- Significant, chronic, unresolved social and emotional trauma at any age

Read this, from the WHO:
http://apps.who.int/iris/bitstream/10665/112828/1/9789241506809_eng.pdf?ua=1
How do we value health?

- What are ways the media portray health?
- What does health mean to you, as a school nurse?
- What are your expectations of health, for yourself and your family?
- Try this: I know a person has lived or is living a healthy life when I see….
- Please share!
Drivers of Health as a Shared Value

- We understand health interdependence
- Low tolerance for systemic and structural barriers that increase vulnerability of disadvantaged groups
- Sense of community as evidenced by: voter participation, volunteerism, and sharing of resources for social support of disadvantaged groups
- We work to increase the resilience of disadvantaged groups
- We use policy levers to benefit families, not business.
“What are we going to do about health care???”

- Imagine a world where customer experience and quality outcomes were the real focus.
- “What I (would) appreciate and enjoy most about my health care provider is…”
- What do adolescents seek from health care providers? Are we delivering it?
- Please share!
Drivers of Health System Integration

- Addressing the needs of the whole person: physical, dental, mental/behavioral
- Providing easy and comfortable access to care
- Caring about the experience of the care-seeker
- Informed and empowered consumers
- Consumer-driven systems of care, particularly points of entry
- Redefining the role of the Registered Nurse in primary care
Fostering Cross-sector Collaboration to Improve Well-being

• Who are the partners you haven’t met yet?
Using an Innovation Mindset

A process for creating the direction, alignment, and commitment needed to create and implement something new that adds value.

Center for Creative Leadership; Horth and Vehar

• Reframe the Challenge: solve the right problem, not just a symptom.
• Question Boundaries and Assumptions
• Catalogue components of the problem
• Phrase problems as questions (How to...; How might...; In what ways might...; What might be all the ...?)
• Why? What’s Stopping You?
Some students do not succeed.
Some students have problems school alone cannot solve.
How might school nursing practice change in order to assure all students succeed?
In what ways might students find more support and resources in the community?
How might school nurses collaborate with community partners to give students who struggle a better chance?
Fostering Cross-sector Collaboration

- What do students need from their communities in order to be safe, empowered, and successful?
- What partners are represented in those needs?
- *Please share!*
Fostering Cross-sector Collaboration

- Community Development
- Parks and Rec
- Homeless prevention advocates
- Free health care services
- Food banks and other food resources
- Extension Services
- Women in leadership positions and organizations
- Housing advocates
- Environmental health specialists
- Non-competitive physical activity enthusiasts
- Grief counselors
- Retired Nurses and Nurses Associations
- Adult literacy
- Parenting education and support
- Law enforcement
- Humane Society
• The fair distribution of advantage and burden in the population.

• Health Equity: when people have full and equal access to opportunities that enable them to lead healthy lives. Achieving health equity involves an underlying commitment to reduce – and ultimately, eliminate – disparities in health and its determinants, including social determinants.

  Paula Bravemen and others
In What Ways Are You Working for Equity?

- Strategies that alter social stratification (minimum wage, tax credits)
- Strategies that decrease exposure to health damaging factors (housing integration)
- Strategies that decrease the vulnerability and increase the resiliency of disadvantaged groups (quality affordable early education)
- Strategies that intervene through the health care delivery system to reduce the differential consequences of ill-health (CLAS and literacy standards)

WHO Categories of SDOH Strategies
The Unique Role of Nurses in Advancing Equity in the Population

• It’s in our DNA: Social Justice and Ethics
• The largest and most trusted of the health professions
• We can all learn to be culturally competent, cultural brokers, humble and respectful
• We are: team leaders, trainers, mentors, coaches, and supervisors
• We care
• We speak
• We vote
• We lead
• Recognizing and addressing:
  • Uncontrolled asthma resulting in high absenteeism, other unmet health needs
  • Hunger in early health office visits
  • Stress and trauma in health office visits

• Addressing bullying (and elitist) culture through positive approaches to increase engagement, inclusion, and empowerment

• Identifying uninsured children and learning how to help families enroll in CHIP

• Improving adoption of Culturally- and Linguistically-appropriate standards, as well as literacy standards, in health and human services
Observations from Cuba:

- Disparities are not the inevitable outcome of poverty
- Equity is the outcome of universal access to Health Care and Education, Social Supports, and Women in Leadership
- School Nurses are the manifestation of Health Care, Educational Opportunity, and Leadership!
Mothers’ Homes are part of Health Infrastructure
Food Rationing and Food Security
Organic Farm Cooperative
YOU ARE:

- Teachers and role models for health
- Welcoming to all children, with a spirit of non-judgmental inquiry and support
- Able to recognize unfair disadvantage, as well as the opportunities to alter that reality for children
- Skilled and able to acquire more skills to fit the need (mental health, brain science, innovation mindsets, using data and research)
- Holistic thinkers
- Promoters of resilience and healing
- Significant and powerful as community members
- Unafraid: Able to face those who would usurp or deny your power
School Nurses Build a Culture of Health!

- Rest and Recharge
- Take care of your own health!
- Commit to doing more good (NOT the same as “doing more”)
- Focus!

THANK YOU FOR ALL YOU DO FOR CHILDREN AND FAMILIES, FOR THE FUTURE WE ALL SHARE
“(S)HE WHO HELPS A CHILD helps humanity with a distinctness, an immediateness, which no other help in any other stage of human life can possibly give.”

Phillips Brooks, 1835-1893