

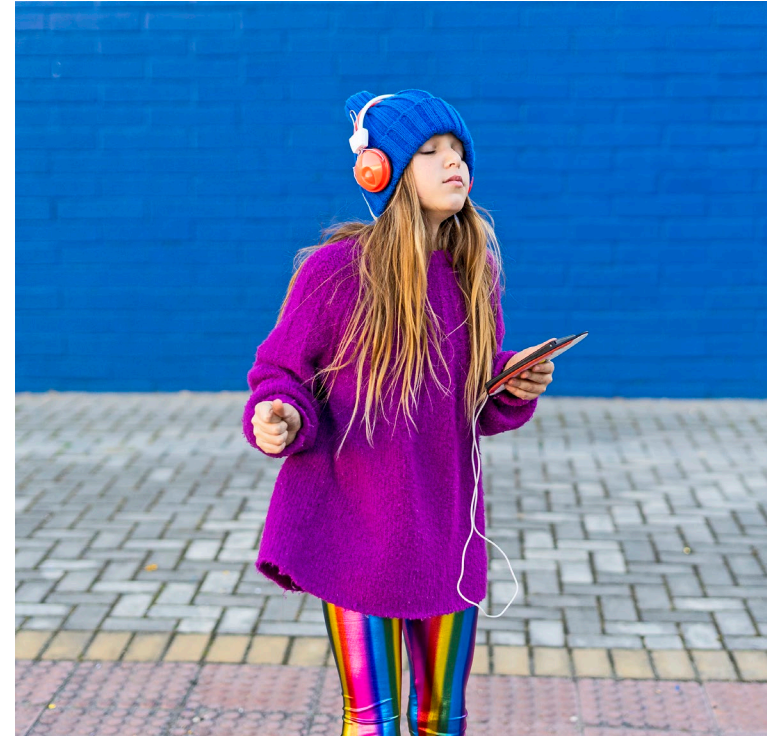
Exploring the Intersection of Physical & Mental Health in Children

February 10, 2023

Mary Lauren Salvatore, MPH, CHES
Assistant Director, Office of Whole Child Supports
Georgia Department of Education

Presentation Objectives – Tuning In

- How did we get here?
- Some data to support our mission
- A deep dive into Health Barriers to Learning & Development
- Exploring tools and resources





So – how did we get here?

A timeline of progression for health-related supports

2019 and 19-20 School Year

State's Lowest
Performing Schools

Non-Academic
Insight = Health

Connections,
Resources, Research

Action

Turnaround Schools Initiative

- **Health & Wellness Coordinator**

- State's lowest performing 5% of schools
- Examine schools from a non-academic lens
- Start with health
- Build partnerships
- Identify and implement potential solutions



Help! I don't speak “education”!

Maybe this will resonate:



[US Department of Health and Human Services](#)

Social Determinants of Health

“The conditions in which we live, learn, work, and play that affect a wide range of health and quality of life risks and outcomes”

And, I know a little something about “tiered supports”:

Primary

- Intervening before health effects occur

Secondary

- Screening to identify risk of or present disease

Tertiary

- Intervention and management of conditions

[Adapted from: CDC – Prevention: Picture of America](#)

Surely, we've all heard of this by now, right?

[CDC WSCC Model, 2022](#)

WHOLE SCHOOL, **WHOLE COMMUNITY**, **WHOLE CHILD**
A collaborative approach to learning and health



Laying a Foundation



HEALTH BARRIERS TO LEARNING: The Prevalence and Educational Consequences in Disadvantaged Children



A Review of the Literature

[Children's Health Fund, 2016](#)

“There are many reasons for less than optimal academic performance, especially for children who live with persistent adversities or chronic stress. However, too often, among these reasons are **health conditions that have been unrecognized or undermanaged.**”



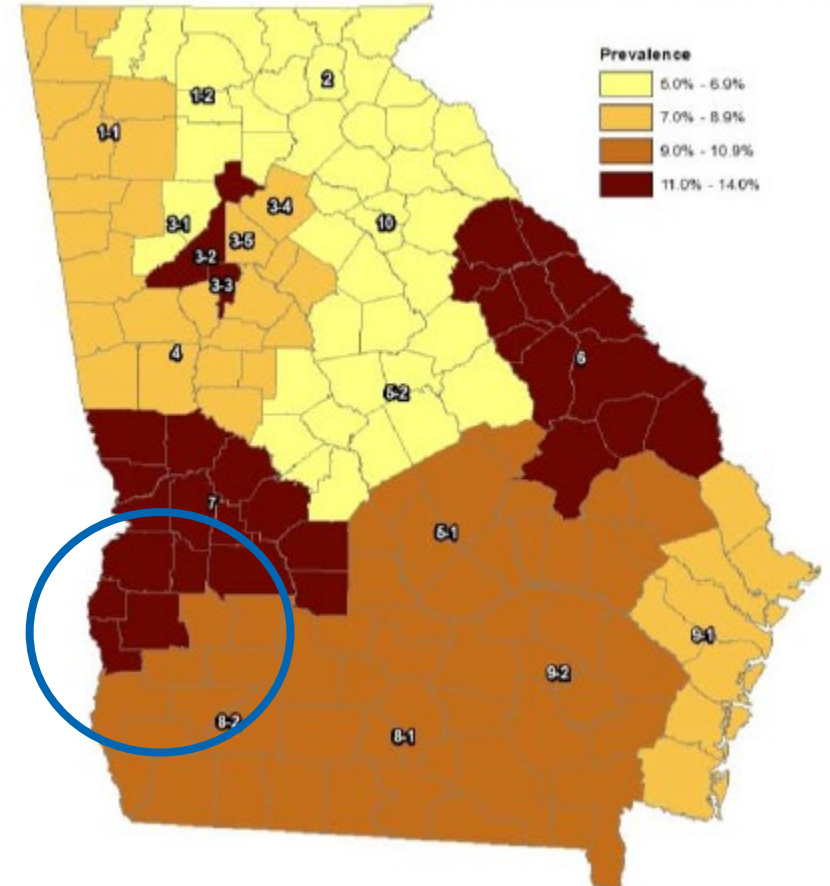
Some Data to Support our Mission

It's telling a story...

A First Look @ the Numbers - SWGA

Map 1. Asthma Prevalence, Children 0-17 Years of Age, by PHD, Georgia, 2016-2018

- County rankings in terms of health outcomes:
126, 142, 150
- Child food insecurity rates:
27-36%
- Asthma prevalence:
9-14%



[County Health Rankings & Roadmaps](#)
[Feeding America Map the Meal Gap](#)
[Georgia Asthma Surveillance](#)

Child Well-Being Overall in Georgia

- Georgia ranks **38th** overall in child well-being.
 - *Economic well-being*
 - 19% children living in poverty
 - 26% of parents lack secure employment
 - *Education*
 - 68% of 4th graders not proficient in reading
 - *Health*
 - 31% of children and teens are overweight/obese
 - *Family and community*
 - 9% of children living in high-poverty areas

[Annie E. Casey Foundation: KIDS Count Data Center, 2021](#)

Reference Points - Common Health Risks

Condition	Prevalence	Point of Reference
Asthma	7.6%	state average
Food Insecurity	14%	state average
Uncorrected Hearing Problems	0.1-0.6%	national average <i>Babies born with some degree of hearing loss</i>
Oral Health Risk/Untreated Caries	22-27%	national average, age 6-9
Uncorrected Vision Problems	~6%	national average



Mental Health-Related Data

*From the Georgia Student Health Survey
21-22 School Year (non-mandatory
participation)*

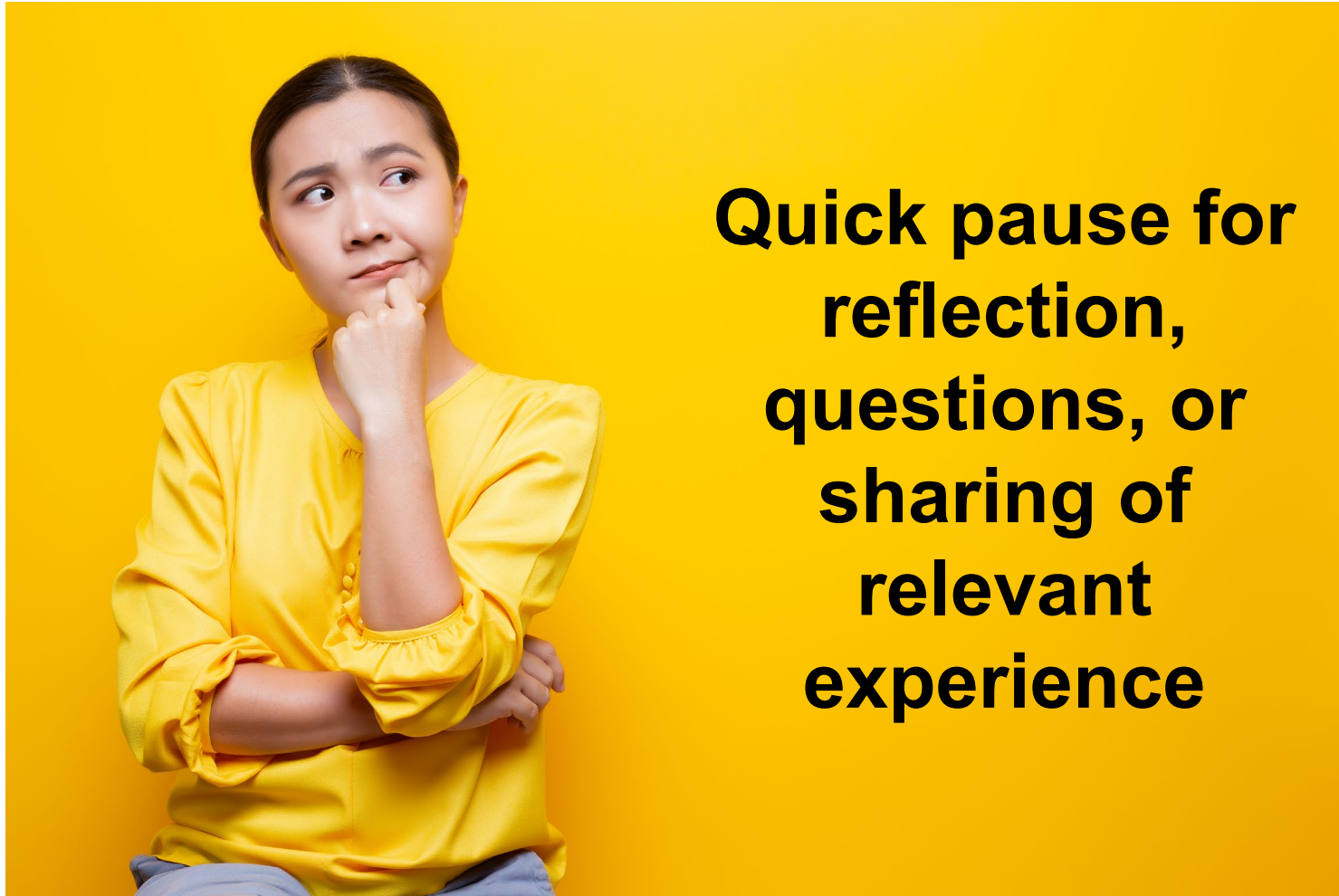
[GSHS Data Reports](#)

Georgia Student Health Survey Data

- 54% (208,945 students) have felt **depressed, sad, or withdrawn** in the past 30 days.
- 15.7% (60,619 students) have **experienced severely out-of-control behavior** that could hurt themselves or others in the past 30 days.
- 30% (114,659 students) have experienced **drastic changes in their behavior and/or personality** in the past 30 days.

Georgia Student Health Survey Data

- 40.7% (157,321 students) have experienced **intense anxiety, worries, or fears** that get in the way of their daily activities in the past 30 days.
- 29% (112,055 students) have experienced **severe mood swings** that have caused problems in their relationships in the past 30 days.
- 55% (106,257 students) reported **feeling “always” stressed**.
- **Only 43.7% of students (169,072) strongly agreed that there’s an adult at school that they can talk to if they need help.**

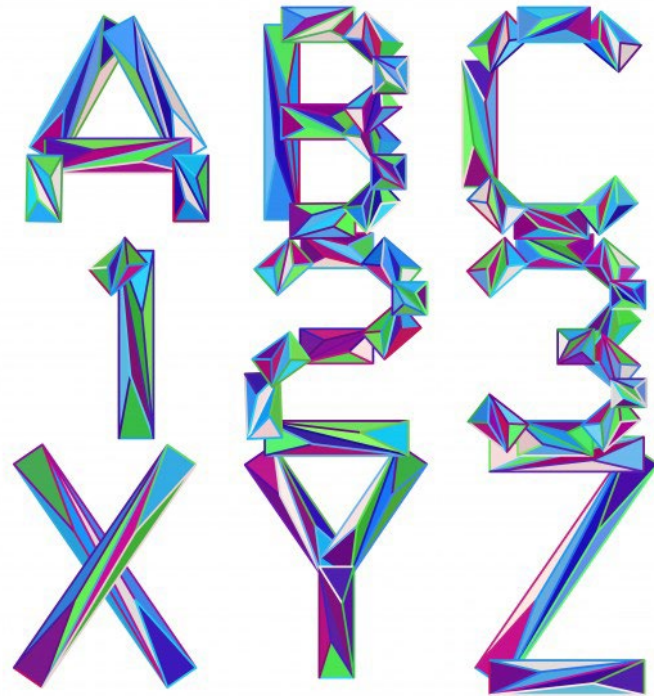


Health Barriers to Learning & Development

A deep dive



Let's talk "Whole Child"



[This Photo](#) by Unknown Author is licensed under [CC BY-SA](#)

ATTRIBUTION

at·tri·bu·tion

noun

The action of regarding something as being caused by a person or thing.

Think: The apple doesn't fall far from the tree.

Attribution Theory

- The attempt to understand the behavior of others by attributing causation to **feelings, beliefs, intentions, personality or situations.**
- Reactions (consequences) are determined by the assignment of cause to the behavior more than by the behavior itself.



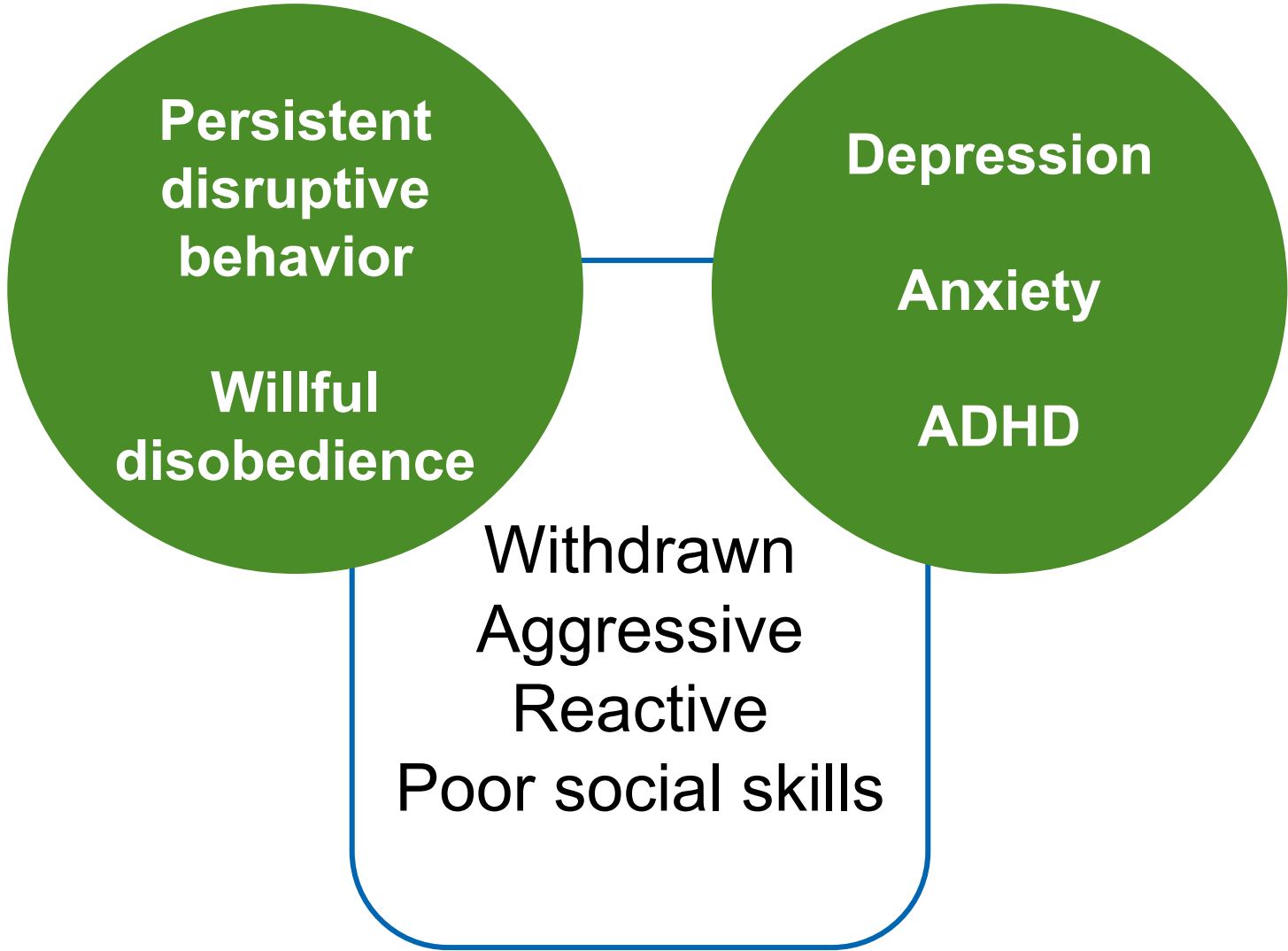
Behavior Analysis

Withdrawn
Aggressive
Reactive
Poor social skills

**Persistent
disruptive
behavior**

**Willful
disobedience**

Withdrawn
Aggressive
Reactive
Poor social skills



But, what if I'm labeling this behavior based on my own perceptions of mental health alone?

Where do we start?

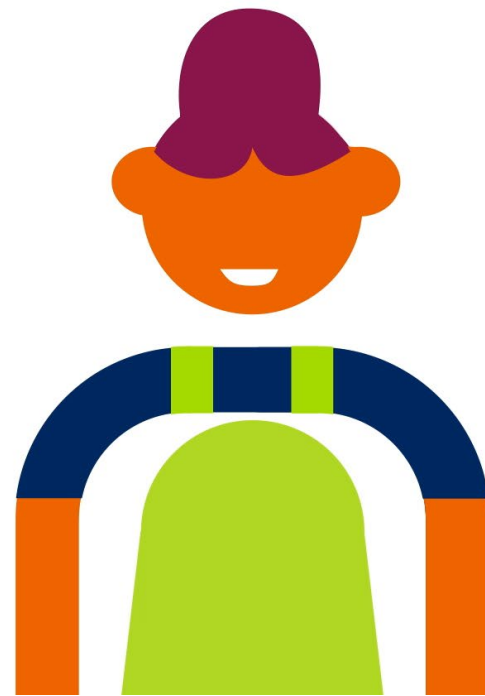




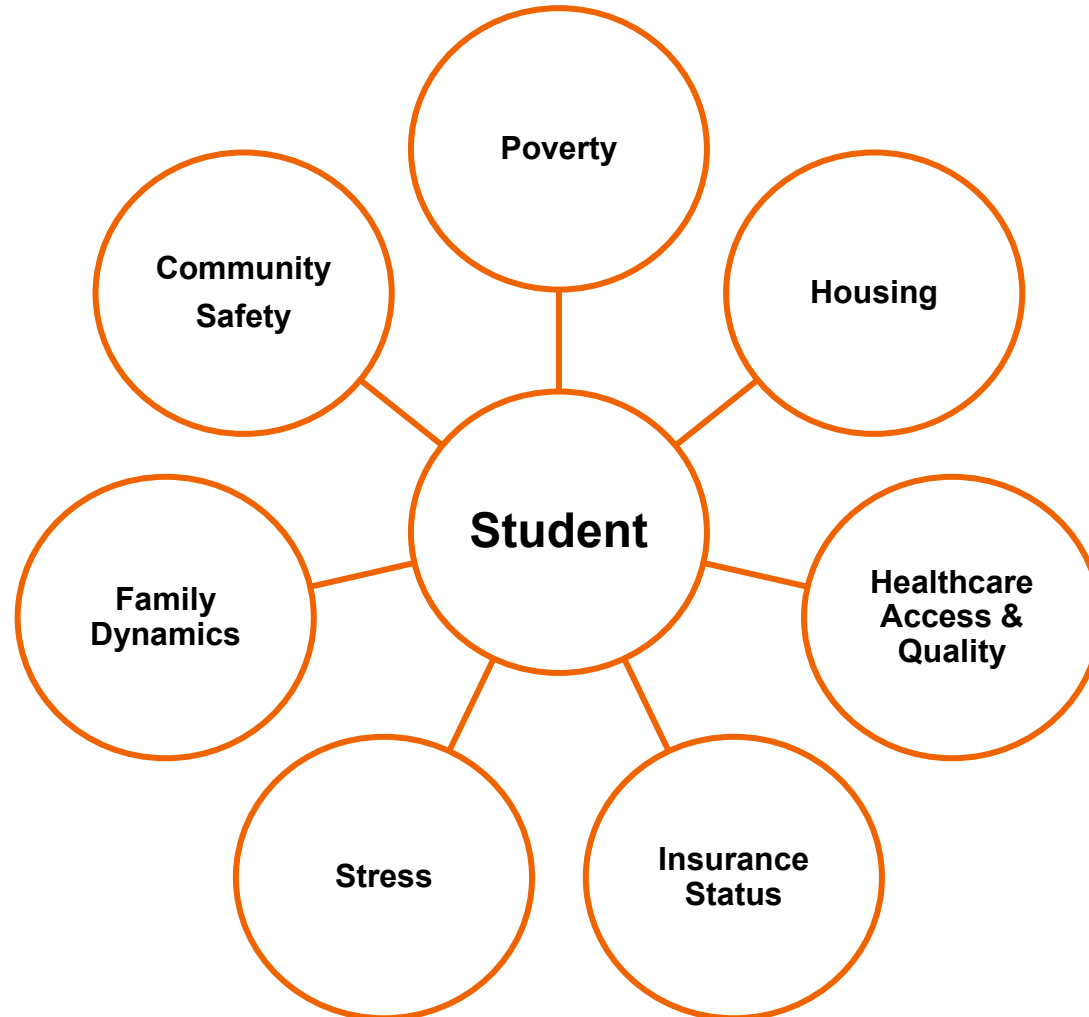
Health Barriers to Learning and Development (HBLDs)

Prevalent and persistent health conditions that when left unrecognized or unaddressed, can interfere with a child's ability and motivation to learn, *and inhibit their physical, emotional, and cognitive development.*

[Children's Health Fund, 2016](#)



What influences these barriers?



Example: Lead Exposure

- Higher mean **blood lead levels** are found in children living in homes built before 1978, particularly families also living in poverty.
- **No safe blood lead level has been identified.** Even low levels affect a child's mental and physical ability to grow and thrive.



[Children's Health Fund \(2017\)](#)

What if I told you...

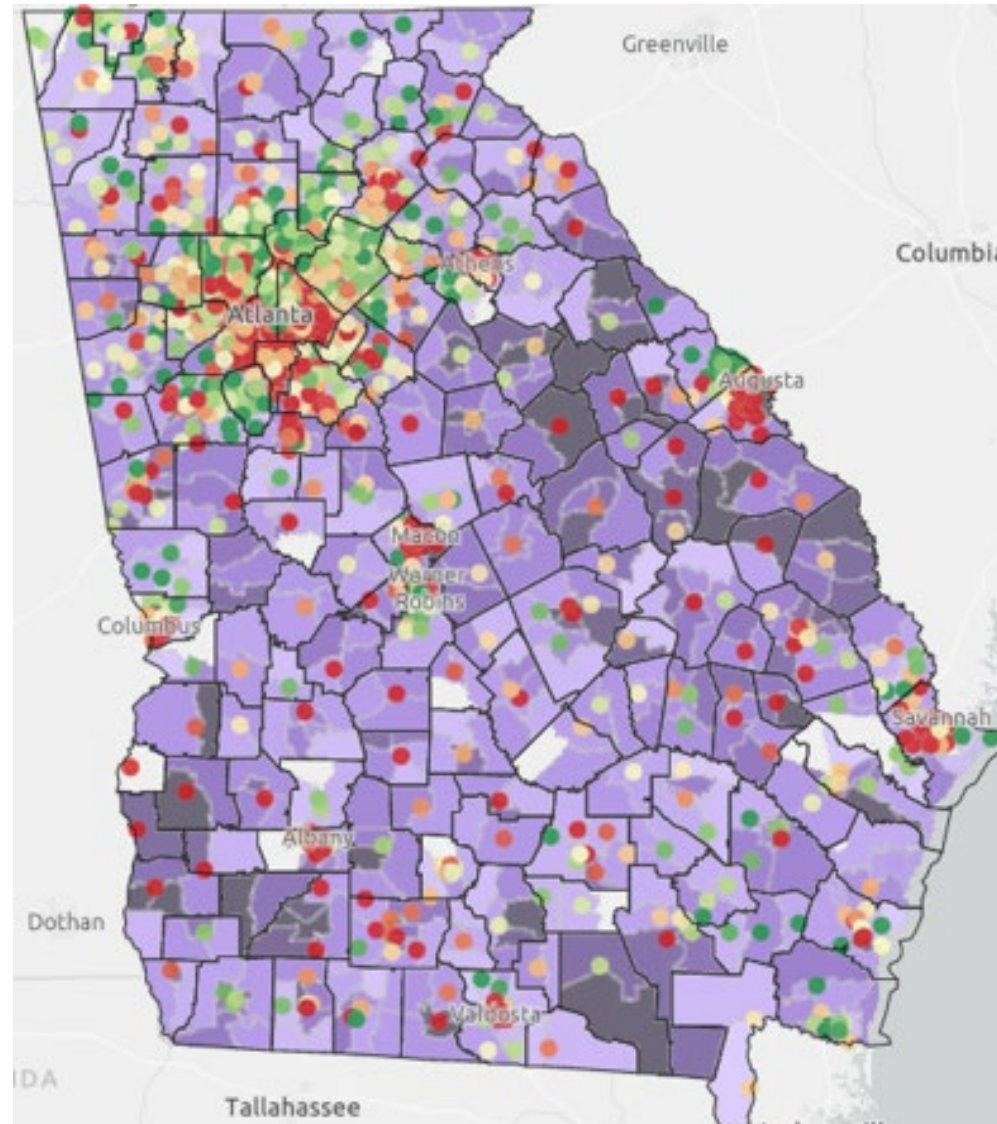
Data to follow from [Children's Health Fund \(2017\)](#)

Children with asthma miss **13.8 million days of school** annually.

They are also more likely to visit the Emergency Department and be hospitalized.

Asthma & 3rd Grade Reading Level

- **Purple** = ER Visits for Asthma
 - Light = Low
 - Dark = High
- **Dots** = 3rd Grade ELA Proficiency⁶
 - Low
 - Medium
 - High



[Get Georgia Reading Campaign](#)

Children with poor oral health/chronic dental pain are more likely to report feeling **unhappy, worthless, withdrawn, and/or overly sensitive.**

They tend to have trouble sleeping and eating, have increased **school absences**, difficulty **paying attention**, and lower **academic outcomes.**

~1 in 4 students has a vision impairment.
How do you react when you can't see?

Did you know that **80% of learning occurs through visual tasks** such as reading and writing?

Can lead to **physical, developmental, behavioral, and academic problems** if they go uncorrected.

Even minimal hearing loss places children at over **4x the risk of language and communication difficulties.**

These children are also at higher risk of **social, emotional, and behavioral problems.**

Food insecurity is often mischaracterized as **defiance, depression, and anxiety**.

“Hangry” can indeed be a real thing.

Stress in Children & Youth



**Let's revisit that
data from earlier.**

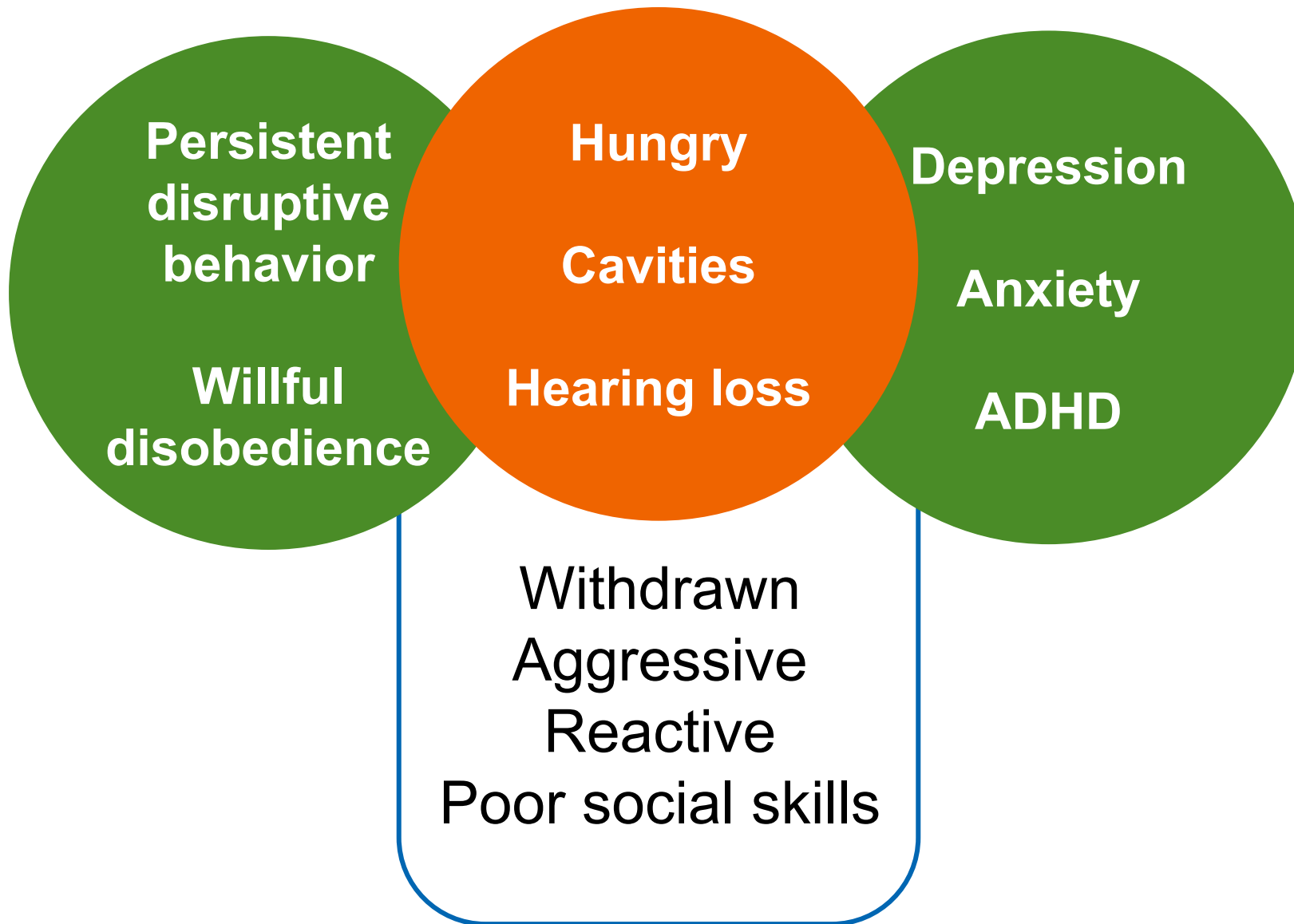


Southwest GA: >600 students

Condition	% Prevalence	Point of Reference
Asthma (or Potential Dx)	28% (17%)	7.6% state average
Food Insecurity	36%	14% state average
Uncorrected Hearing Problems	9%	0.1-0.6% national average
Oral Health Risk	60%	22-27% national average, age 6-9
Uncorrected Vision Problems	21-23%	~6% national average

What do we see?

- Results 3-4x higher than points of reference
- A unique area of the state, but with similar characteristics as many other counties
 - Rurality
 - Healthcare access
- **Students that are missing critical opportunities to learn because of preventable health issues**



Missed school



Asthma

Defiant
behavior



Food insecurity

Sleeping in
class



Dental pain

Anxiety



Hearing loss

Refusing to
work



Vision
problems

Missed school



Defiant
behavior



Sleeping in
class



Anxiety



Refusing to
work



Mental health?

Things aren't always
what they seem...

Mental Health vs Mental Illness

Mental Health

- Emotions
- Thoughts and feelings
- Social connections
- Ability to solve problems
- Ability to overcome difficulties
- Understanding of the world around us

Mental Illness

- Think
- Feel
- Behave
- Interact with others
- Many different mental illnesses
- Many different symptoms
- Many different impacts

Influencers of Both Physical & Mental Health

Positive Contributors

- Healthy lifestyle habits
- Physical wellness (absence of disease)
- Family support
- Modeling of healthy behaviors
- Safe environment
- Medication
- Psychotherapy

Negative Contributors

- Brain chemistry
- Family history/stress
- Unhealthy lifestyle
- Physical illness
- Substance abuse
- Unsafe environment
- Traumatic events

[The Youth Mental Health Project](#),
Retrieved June 2022

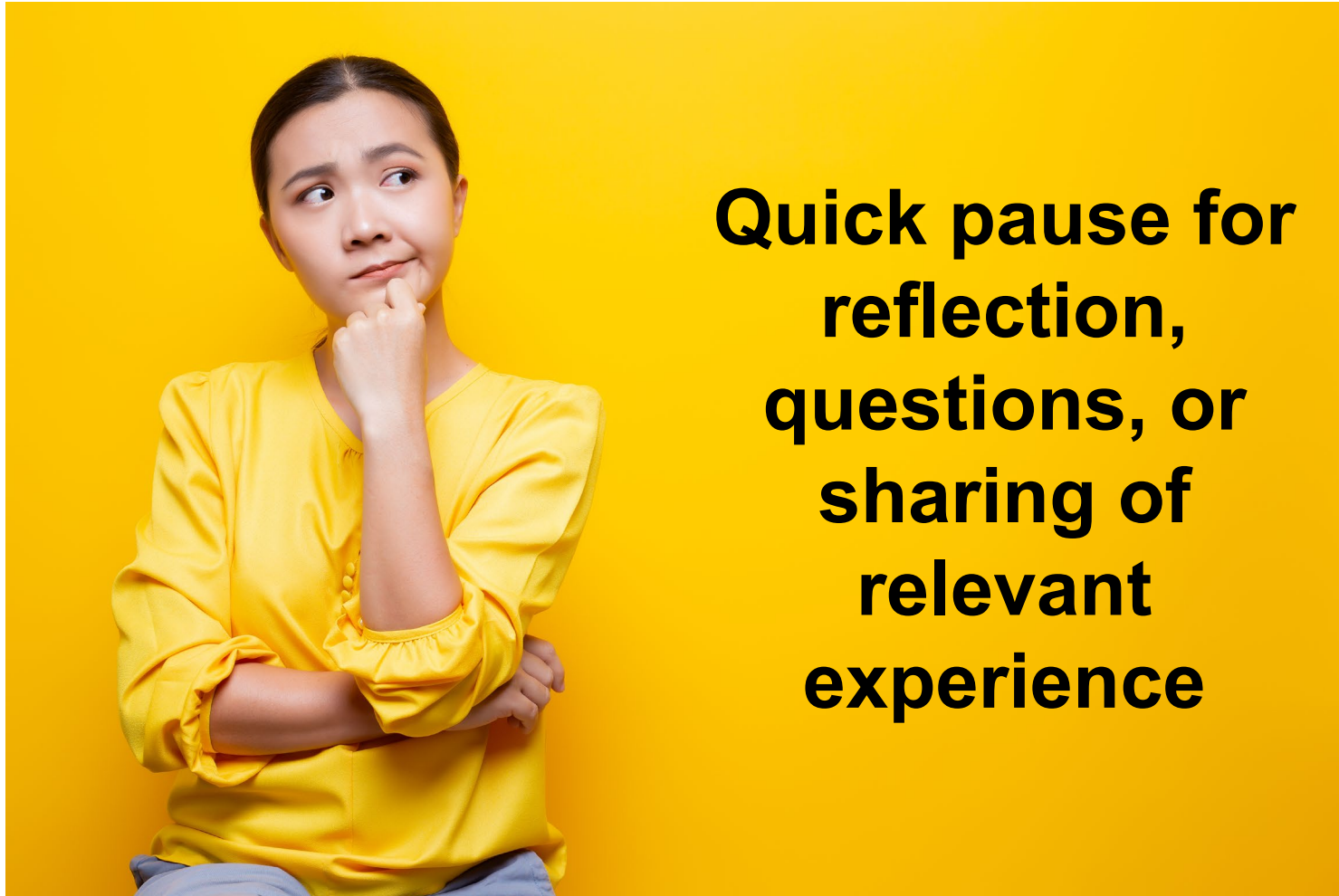


Delphis.org.uk

Health: A Continuum





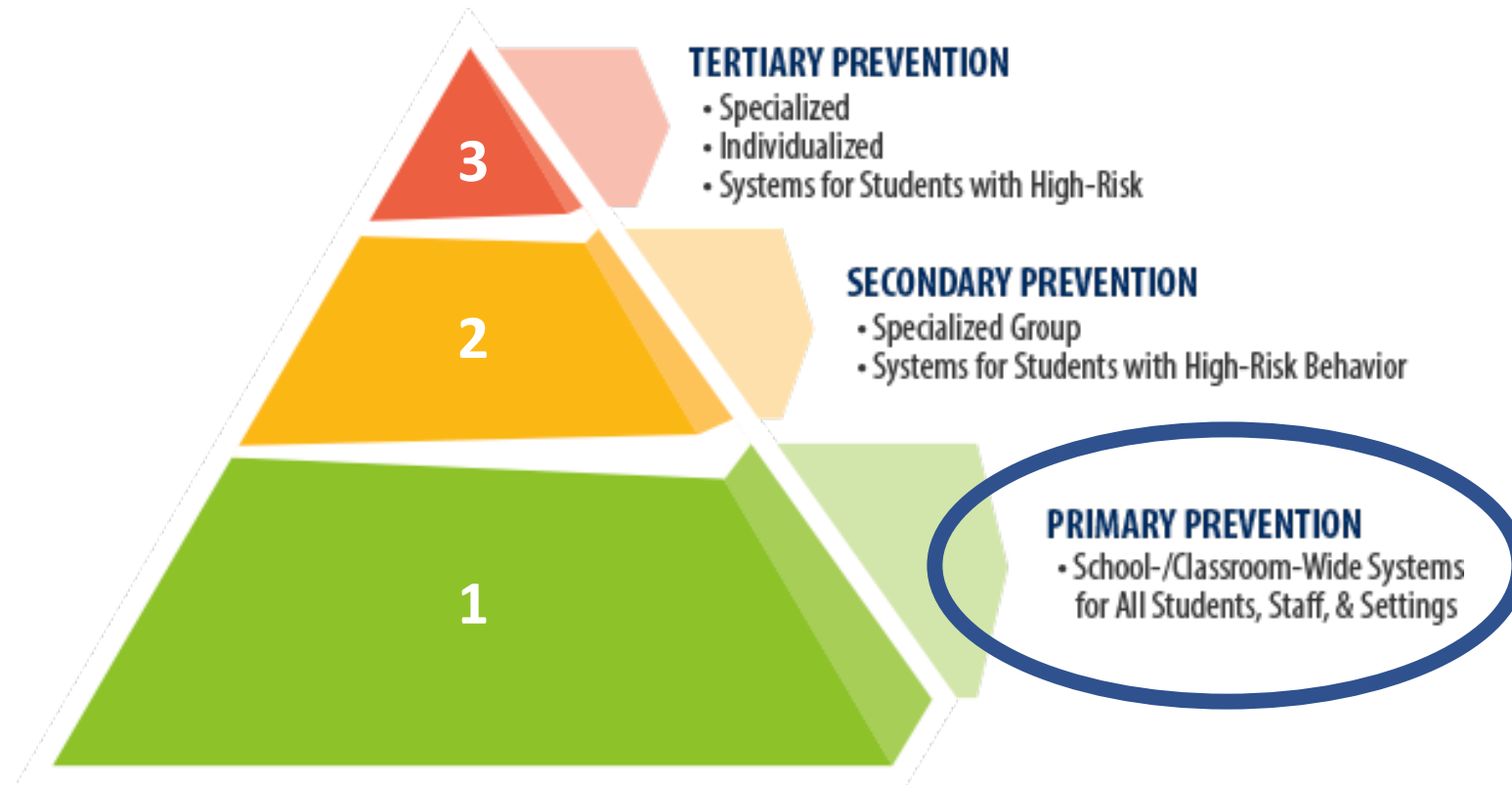




What can we do now?

Tools & Resources for Action

Tiered Supports



[Image: University of Nebraska - Lincoln College of Education and Human Sciences](#)

Health Barriers to Learning & Development

Resource Toolkit

This toolkit was designed to build awareness and provide schools with solutions in the form of resources, tools, and suggested partners to support students who may be experiencing HBLDs.

Fall 2021 | Office of Whole Child Supports

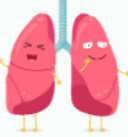



Get Started



[Toolkit Link](#)

TABLE ONE

The Evidence: Why HBLDs Matter

HBLD	Why It Matters
<p>ASTHMA</p> 	<ul style="list-style-type: none"> ✓ Nearly 8% of children in Georgia are estimated to have asthma. That is over 130,000 K-12 students.^{4,5} ✓ Consequences of poorly controlled asthma are emergency department visits, hospitalizations, and missed school.⁶ ✓ Nationally, children with asthma miss 13.8 million days of school each year.⁷
<p>ORAL HEALTH</p> 	<ul style="list-style-type: none"> ✓ Most recent data shows that 52% of Georgia's 3rd grade students have a history of tooth decay - nearly 20% of which goes untreated.^{8,9} ✓ Students who experience dental pain are more likely to report feeling unhappy, worthless, withdrawn, and/or overly sensitive.¹⁰ ✓ Dental pain can lead to trouble sleeping and eating, increased school absences, difficulty paying attention, and lower academic outcomes.^{11,12}
<p>VISION PROBLEMS</p> 	<ul style="list-style-type: none"> ✓ About 80% of learning occurs through visual tasks such as reading and writing.¹³ ✓ Common vision impairments affect up to 25% of students and can lead to physical, developmental, behavioral, and academic problems if they go uncorrected.^{14,15} ✓ Limited access to screening, follow-up, eyeglasses and other needed resources often leads to gaps in academic success.¹⁶
<p>HEARING PROBLEMS</p> 	<ul style="list-style-type: none"> ✓ Temporary hearing loss in children is often caused by ear infections or colds, swimmer's ear, earwax buildup, or an obstruction of some kind.¹⁷ ✓ Even minimal hearing loss places children at over 4 times the risk of problems with language and communication.¹⁸ ✓ Hearing problems significantly increase the risk of behavioral problems, ability to read, and the likelihood of repeating a grade.^{19,20,21}

Georgia Department of Education • Health Barriers to Learning & Development

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TABLE TWO

Resources for Schools to Address HBLDs

HBLD	Screening and Observational Tools	Example Follow-Up Actions	Partner Organizations and Resources
<p>ASTHMA</p> 	<p>Screening method: 12-item questionnaire</p> <p>Completed by: Parents</p> <p>Time to complete: 5 min.</p> <p>Cost: Free</p>	<ul style="list-style-type: none"> ✓ Ensure students with asthma have asthma action plans on file ✓ Asthma-Friendly Schools Toolkit ✓ Indoor Air Quality Tools for Schools Action Kit 	<ul style="list-style-type: none"> ✓ Children's Healthcare of Atlanta (CHOA) ✓ Georgia Asthma Coalition ✓ Georgia Department of Public Health (GaDPH) – School Nursing Program
<p>ORAL HEALTH</p> 	<p>Screening method: American Academy of Pediatrics Oral Health Risk Assessment</p> <p>Completed by: Parent, nurse, dental hygienist, oral health professional</p> <p>Time to complete: 5 min.</p> <p>Cost: Free</p>	<ul style="list-style-type: none"> ✓ GaDPH Oral Health Services for Schools <ul style="list-style-type: none"> – Brushing – Fluoride – Dental sealants ✓ Contact GaDPH ✓ Mobile dental care units (e.g. Help a Child Smile) 	<ul style="list-style-type: none"> ✓ Federally qualified health centers (FQHCs) ✓ GaDPH Oral Health Services for Schools ✓ Georgia Dental Hygiene Educational Programs ✓ Local dentists/hygienists ✓ Physicians offering fluoride varnish in their practices ✓ Volunteer health providers
<p>VISION PROBLEMS</p> 	<p>Screening tool: SPOT Vision Screener</p> <p>Screening method: Screening Guidelines by Age</p> <p>Completed by: Nurse or trained volunteer</p> <p>Time to complete: 1-5 min.</p> <p>Cost: Variable*</p>	<ul style="list-style-type: none"> ✓ Create a screening protocol ✓ Have staff trained to perform screening ✓ Establish a partnership with a local organization to offset the cost of glasses 	<ul style="list-style-type: none"> ✓ Communities in Schools ✓ Georgia Lion's Lighthouse Foundation ✓ GaDPH Districts ✓ Lions Clubs ✓ Prevent Blindness Georgia ✓ VSP Eyes of Hope ✓ Vision 2 Learn Georgia

* SPOT vision screeners are about \$8,000. Consider connecting with partners (e.g. Lions Club) or purchasing one device to share among a cluster of schools, district, or Regional Education Service Agencies (RESA).

How-To

Application Across Disciplines

The HBLD toolkit has opportunities for use across several disciplines, both within and outside the school. Ultimately, the intent is for schools to take a proactive approach to addressing the health barriers to learning and development that students may face. Responding to these needs does not typically fall within the purview of the school itself, which is why partnerships with community stakeholders such as non-profit organizations and healthcare systems are critical. These partners must be actively engaged in the process, but the school will need to collectively lead the effort for it to be successful.

Within the school

Within the school, the HBLD process can be worked into pre-existing programs, policies, and initiatives. Having community partners, including healthcare professionals, at the table would broaden the scope of conversation, deepen awareness, and provide an understanding of available resources and support. The following are examples of relevant policies, programs, and initiatives:

- ◆ Local wellness policies and school health/wellness committees
- ◆ Family engagement initiatives
- ◆ Student support teams
- ◆ School improvement teams
- ◆ Positive Behavioral Interventions and Supports (PBIS) teams
- ◆ Attendance and school climate committees

Community partners

Community partners can help to bridge gaps between available and accessible resources for families. It is important to note that availability of a resource does not automatically equate to access. Some organizations may have missions rooted in children's health and established programs that could support students and families. Schools can leverage these partners to connect families to services that support children's healthcare needs, such as providing health education, support with enrollment in insurance and the Supplemental Nutrition Assistance Program (SNAP), dental and vision care, among others.

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Whole Child Health Data Dashboard

Georgia Insights



Click on the Georgia Icon to change map.

Whole Child Health Data Dashboard Appling County

Select a District

Appling County

County Health Outcome Ranking 2022
105th out of 159 Counties

County Health Factor Ranking 2022
119th out of 159 Counties

County Asthma ER Visits Ranking 2022
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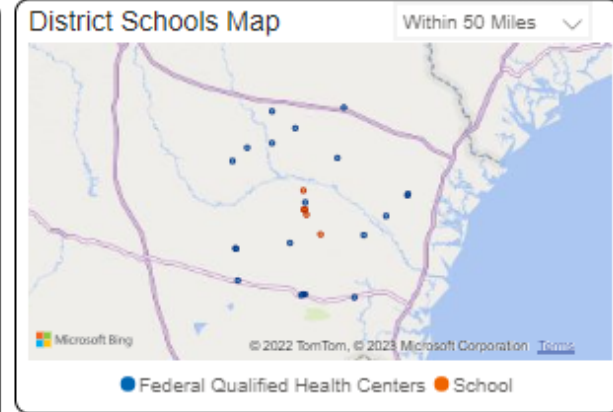
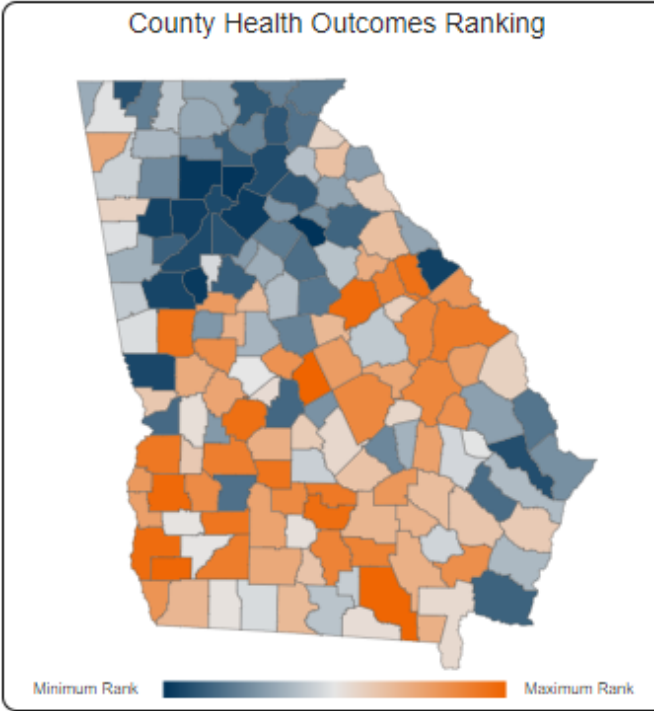
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District Chronic Absenteeism Ranking 2021
122nd out of 221 Districts

District Graduation Rate Ranking 2021
135th out of 221 Districts



Estimated Travel Distance to Primary Care
9.46 Miles

FitnessGram Ranking 2019

	District Rank
Aerobic Capacity	98th
Body Composition	143rd

Georgia Milestones - End of Grade Assessment 2022

	3rd	4th	5th	6th	7th	8th
ELA - % Developing Learner and Above	71.8%	70.1%	79.8%	62.6%	70.4%	77.6%
Math - % Developing Learner and Above	88.3%	86.7%	82.6%	80.9%	84.4%	83.6%
Reading Status - % At Grade Level or Above	73.3%	55.7%	71.4%	51.5%	66.1%	65.7%

Total Students FTE 2023-1
3,464

NCES Locale
Town - Remote





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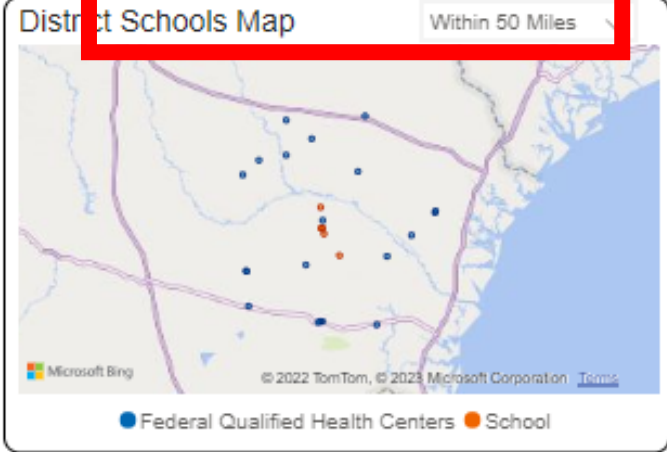
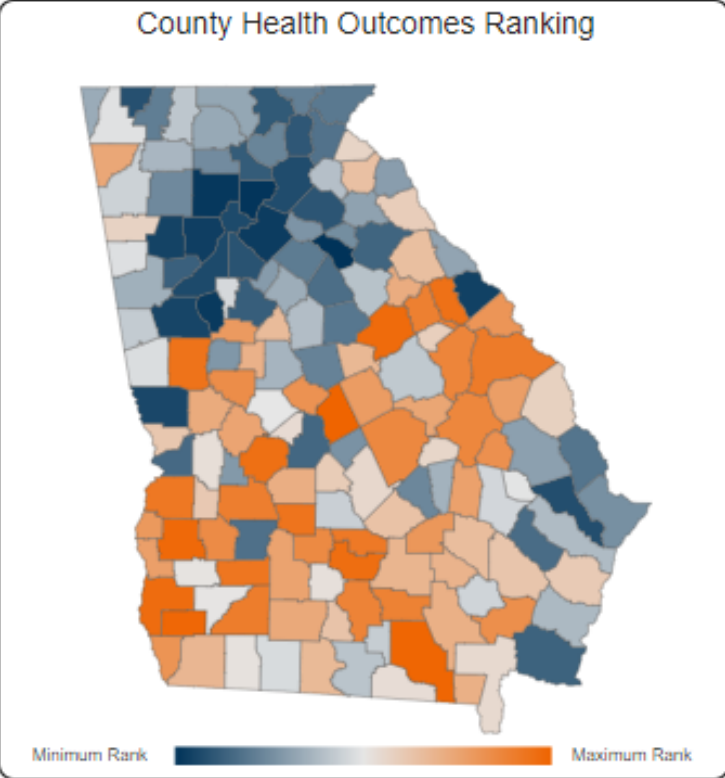
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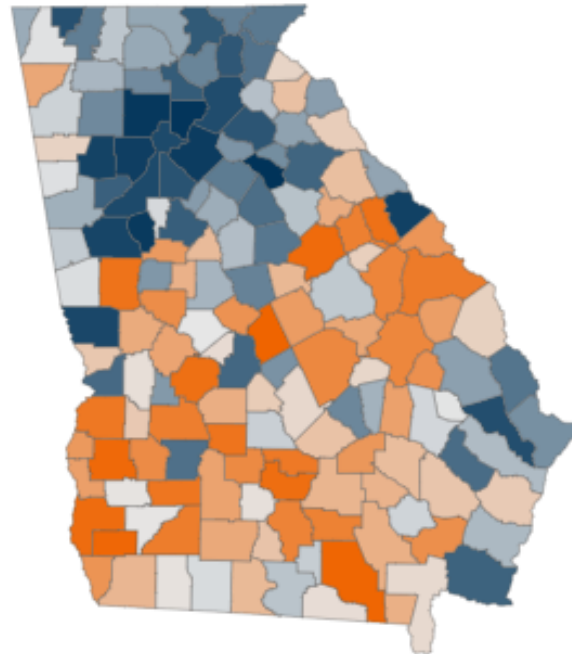
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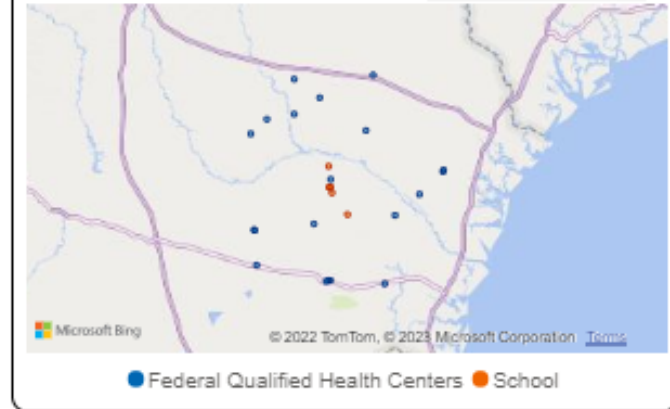
County Health Outcomes Ranking



Minimum Rank Maximum Rank

District Schools Map

Within 50 Miles



Estimated Travel Distance to Primary Care

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FitnessGram Ranking 2019

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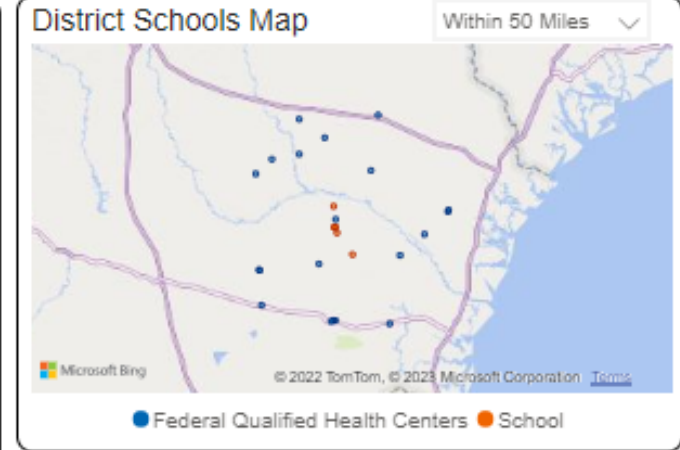
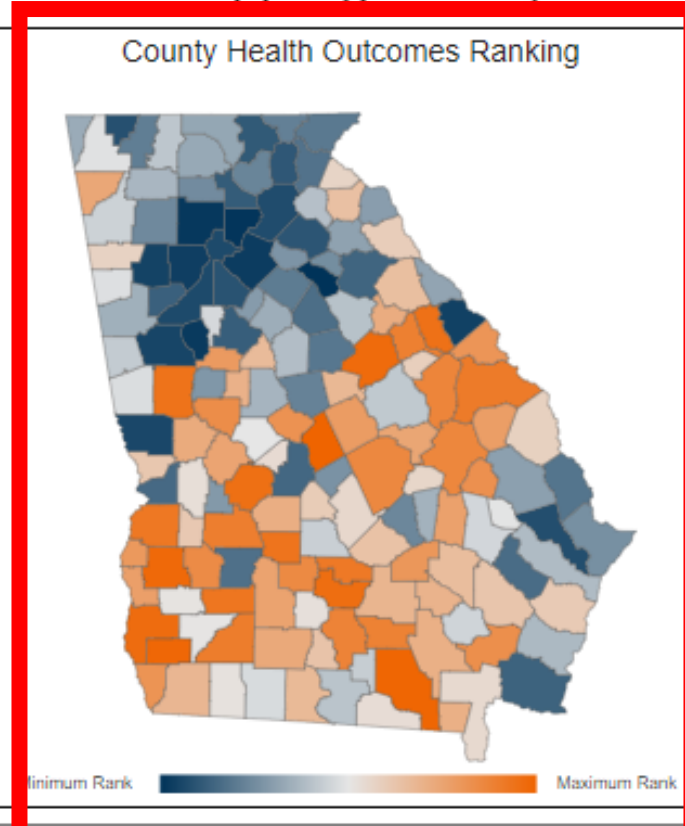
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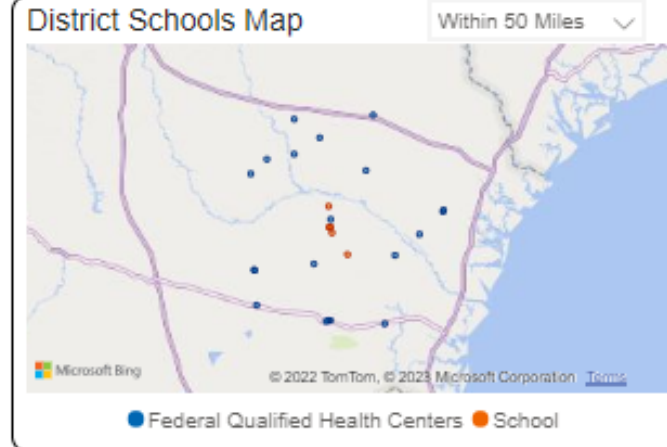
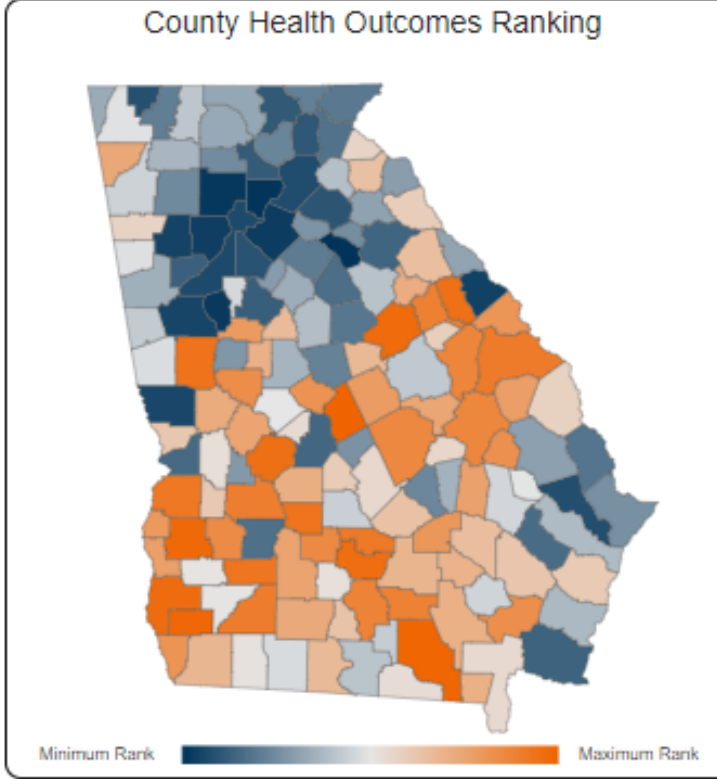
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Click on the Georgia Icon to change map.

Whole Child Health Data Dashboard Appling County

Select a District

Appling County

County Health Outcome Ranking 2022
105th out of 159 Counties

County Health Factor Ranking 2022
119th out of 159 Counties

County Asthma ER Visits Ranking 2022
63rd out of 159 Counties

County Child Food Insecurity Ranking 2020
78th out of 159 Counties

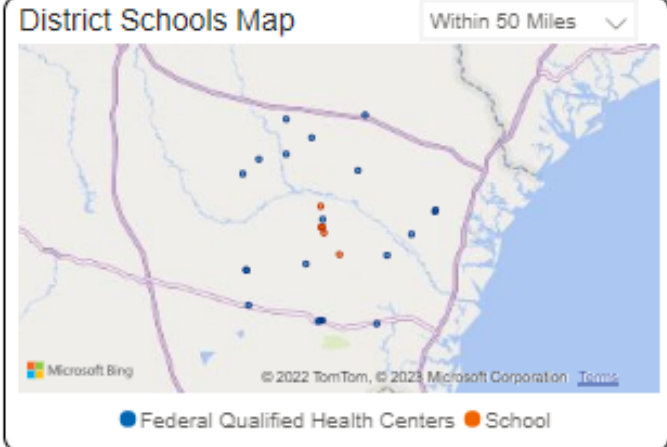
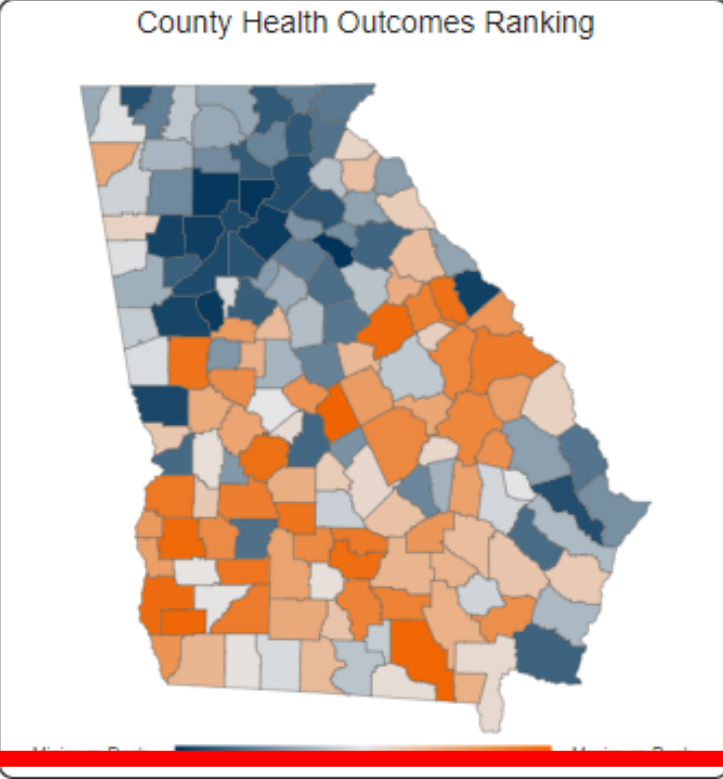
County Cost Per Meal Ranking 2020
82nd out of 159 Counties

District Direct Cert % Ranking 2021
128th out of 221 Districts

District % of Students with Discipline Incidents Ranking 2020
134th out of 221 Districts

District Chronic Absenteeism Ranking 2021
122nd out of 221 Districts

District Graduation Rate Ranking 2021
135th out of 221 Districts



Estimated Travel Distance to Primary Care
9.46 Miles

FitnessGram Ranking 2019

	District Rank
Aerobic Capacity	98th
Body Composition	143rd

Georgia Milestones - End of Grade Assessment 2022

	3rd	4th	5th	6th	7th	8th
ELA - % Developing Learner and Above	71.8%	70.1%	79.8%	62.6%	70.4%	77.6%
Math - % Developing Learner and Above	88.3%	86.7%	82.6%	80.9%	84.4%	83.6%
Reading Status - % At Grade Level or Above	73.3%	55.7%	71.4%	51.5%	66.1%	65.7%

Total Students FTE 2023-1
3,464

NCES Locale
Town - Remote





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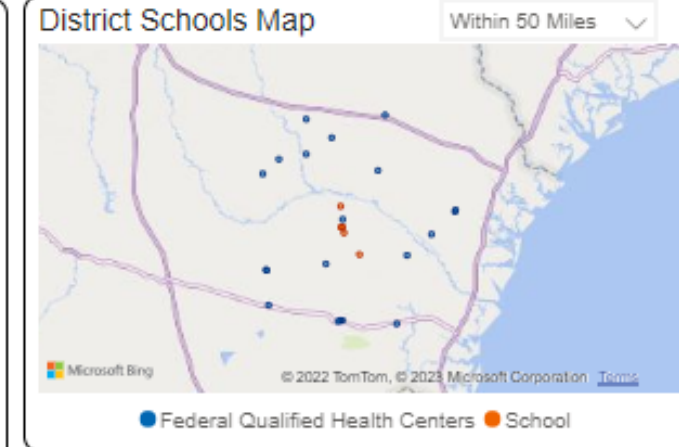
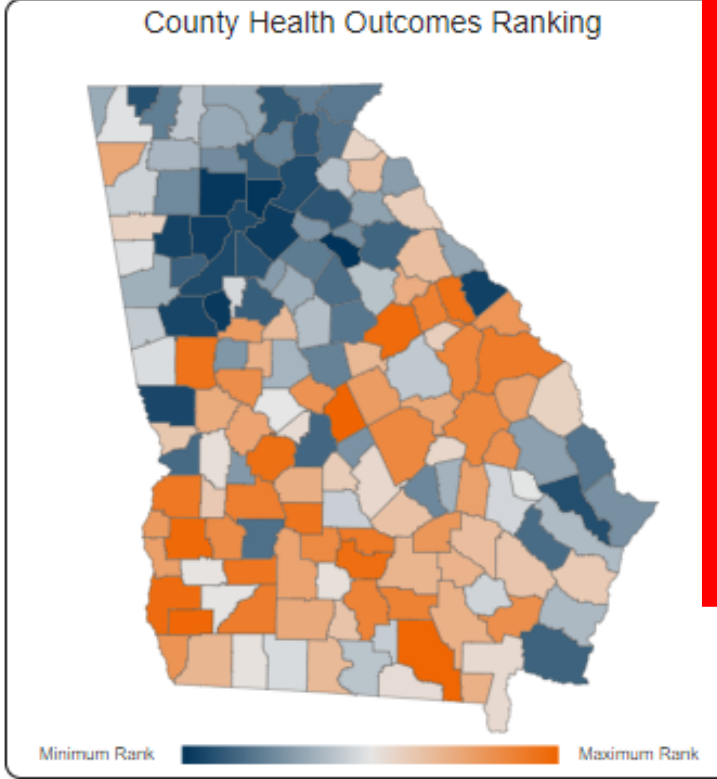
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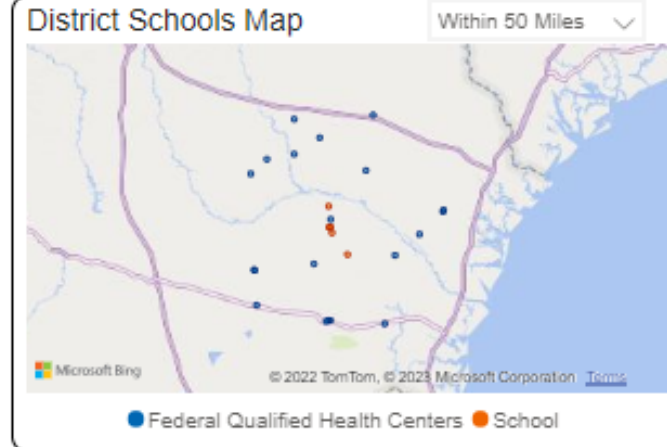
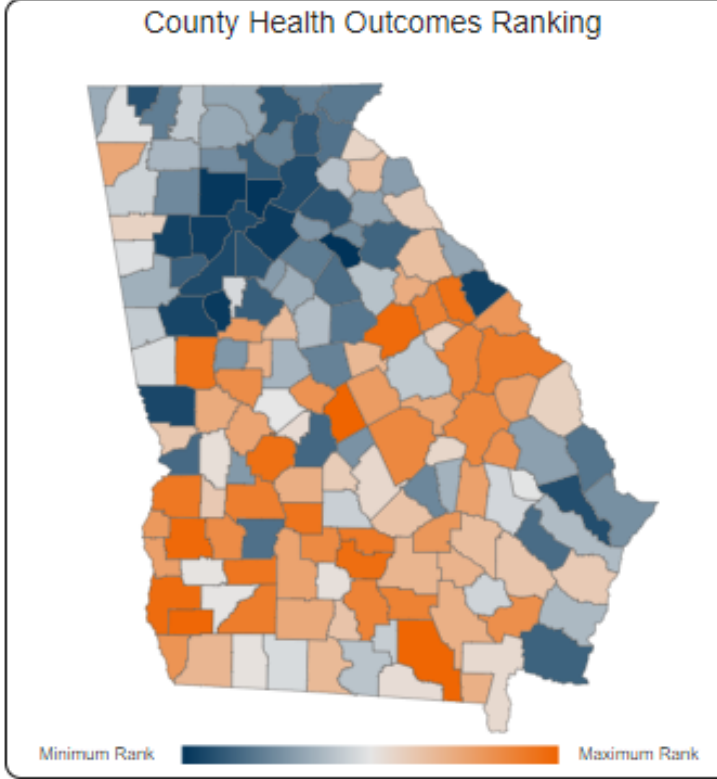
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Let's test it out!

- *Group discussion/time to check out dashboard or*
- *Demo led from Mary Lauren*

A few final notes in closing...

Protective Factors

- Relationships with a trusted adult
- Connectedness
- Adequate, concrete supports for parents
- Cross-system collaboration
- Healthy expression and communication of emotions
- Ability to self-regulate

[Child Welfare Information Gateway & Children's Bureau: Protective Factors Approaches in Child Welfare. March 2020.](#)

*“The single most common factor for children who develop **resilience is at least one stable and committed relationship** with a supportive parent, caregiver, or other **adult.**”*

[Center on the Developing Child: Harvard University](#)

WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD
A collaborative approach to learning and health



Contact Information

Mary Lauren Salvatore, MPH, CHES

Assistant Director

Office of Whole Child Supports

msalvatore@doe.k12.ga.us

@GaDOEWholeChild

[Office of Whole Child Supports](#)



Offering a holistic education to
each and every child
in our state.

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 youtube.com/user/GaDOEmedia



References

1. [American Academy of Pediatrics: 10/19/21](#)
2. [CDC – MMWR, June 2021](#)
3. [VeryWellMind](#)
4. [Children’s Health Fund, 2017](#)
5. [CDC – Social Determinants of Health, 2021](#)
6. [Get Georgia Reading Campaign](#)
7. [MedLine Plus](#)
8. [Georgia Department of Education, 2022](#)
9. [Center on the Developing Child: Harvard University](#)
10. [Image: University of Nebraska - Lincoln College of Education and Human Sciences](#)
11. [Child Welfare Information Gateway & Children’s Bureau: Protective Factors Approaches in Child Welfare. March 2020.](#)