

Office of Disease Prevention and Health Promotion
Healthy People 2020: Who's Leading the Leading Health Indicators?
Social Determinants of Health Webinar

September 20, 2012, 12:00 p.m. ET

MODERATOR: Good afternoon and thank you for registering to the webinar on the leading health indicators. You are now in listen only mode. Please use the Q&A feature on the right of your screen to submit any questions. You can also follow live Tweets from Healthy People. The handle is @gohealthypeople. And we encourage you to Tweet your questions live using the #LHI. Your questions will be answered at the end of the webinar. I would now like to introduce Carter Blakey, Deputy Director, Office of Disease Prevention and Health Promotion at the Department of Health and Human Services. You have the floor.

CARTER BLAKEY: Thank you and thank you to everyone who is doing this this afternoon or this morning if you're on the west coast. We welcome you to the ninth installment of the monthly series, "Who is Leading the Leading Health Indicators." Each month the series will highlight an organization, state or community addressing one of the Healthy People 2020 Leading Health Indicators, or LHIs, as we call them. The series includes a monthly webinar, email bulletin and active conversations via Twitter and LinkedIn.

Today's webinar, you will hear from several distinguished speakers. First, Dr. Don Wright, HHS Deputy Assistant Secretary for Disease Prevention and Health Promotion will give you an overview of this month's LHI topic which is social determinants. From the Institute for Research and Reform and Education, Dr. James Connell will discuss First Things First, a program focused on school-wide education strategies that have shown substantial improvements in students' graduation rates and performance when it is implemented in schools.

And we are also lucky to be joined today by several panelists from cross the federal government and outside of the government. Dr. Nadine Gracia is the Acting Deputy Assistant Secretary for Minority Health at the Department of Health and Human Services. Randy Speck is the Superintendent of the Madison District Public Schools in Detroit. Mary Stewart is a principal at Wyandotte High School in Kansas City, Kansas and Sarah Allen is an Education Program Specialist in the US Department of Education. So we are thrilled to have these panelists with us today and they will participate during the roundtable or Q&A portion of the webinar.

But before we turn the mike over to Dr. Wright and our guest speaker, I'd like to give you a little bit of background on the Leading Health Indicators and Healthy People, for those of you who may be new to our family. For four decades, Healthy People has provided a comprehensive set of ten year objectives that have served as a framework for public health activities at all levels and across the public health community. Healthy People is about understanding where we are now and taking informed action to get where we want to go over a ten year period.

But Leading Health Indicators, which is the focus of this series, represent critical health issues that if addressed appropriately, will dramatically reduce the leading causes of preventable deaths and illness. They have been selected to communicate high priority health issues to the public, along with actions that can be taken to address them with the overall goal of improving the health of the entire population.

So for the complete list of the Leading Health Indicators, of which there are twelve topics, please go to <http://www.healthypeople.gov>. But with that, I'd like to turn the webinar over to Dr. Wright. So Don – you're on.

DR. DON WRIGHT: Thank you, Carter. Before we hear from Dr. Connell, I'd like to take just a few minutes to give you a brief overview on this month's LHI topic. Next slide – next, the social determinant of health, Leading Health Indicator is students who graduate with a regular diploma four years after starting 9th grade. The selection of social determinants as a leading health topic recognizes the critical role of home, school, workplace, neighborhood, and community in improving health.

Although education is the Leading Health Indicator topic for this topic, the social determinants extend beyond education and include the physical environment, income status, social support networks, access to health services and a range of other determinants. Many predictors of individual and population health and well-being fall outside of the healthcare setting. A range of personal, social, economic and environmental factors contribute to individual and population health.

For example, people with a quality education, stable employment, safe homes and neighborhoods and access to preventive services tend to be healthier throughout their lives. Education, a leading social determinant, is key to improving the health of the nation. People with higher education levels are more likely to live longer, healthier lives.

According to the Centers for Disease Control and Prevention, in 2006, 25 year-old men without a high school diploma had an average life expectancy that was 9.3 years less than those men with a bachelor's degree or higher. Women without a high school diploma had a life expectancy of 8.6 years less than those with bachelor degrees or higher. A 2011 study has shown that higher educational attainment was associated independently with lower prevalence of chronic diseases. Education also is associated with practicing health promoting behaviors such as exercising regularly, refraining from smoking and obtaining timely health checkups and screenings.

In the next few slides I will present the latest data on the social determinants, on-time high school graduation within four years of starting the 9th grade.

On-time graduation estimates, as you can see from this slide, have increased from 72.6 percent in the 2001-2002 school year to 75.5 in the 2008-2009 school year. Despite that improvement, you can see from this slide that we still have significant progress to make in order to achieve our Healthy People 2020 target of 82.4 percent.

On-time graduation rates vary by race and ethnicity. Among racial and ethnic groups, the Asian or Pacific Islander, non-Hispanic population, has the highest rate of on time graduation, 91.8 percent for the 2008-2009 school year. Black, non-Hispanics had the lowest rate of on-time graduation at 63.5 percent. Certainly knowing where disparities exist can help communities, states and the nation prioritize and target resources for populations that are in greatest need.

For the 2008-2009 school year, on-time graduation estimates range from 56.3 percent in Nevada to 90.7 percent in Wisconsin. On-time graduation estimates are generally higher in the

north than they are in the south, with high rates clustered in the north central states, as well as parts of the northeast and New England and low rates are mostly clustered in the southeast.

At this point in the presentation I'd like to turn the webinar over to Dr. Connell to talk about a program that is being implemented in states across the nation and has shown an increase in high school graduation rates. Dr. Connell?

DR. JAMES CONNELL: Thank you, Don. I am very pleased to be here and to represent the work of a lot of different folks who are working very hard to move this leading indicator, this social determinant. Let me give you an overview, if I could, of first our organization and the work we do.

IRRE is a not for profit organization and we created and developed this framework called, First Things First. We do partner with districts and states across the country to plan and implement the reform primarily of secondary schools. The framework itself is called, First Things First and on the next slide you will see the basic elements of First Things First are that it is comprehensive in that we address the issues that face young people and particularly young people in economically disadvantaged communities.

The vast majority of our partners, including those that are represented today by Mary and Randy, serve high populations of poor and minority students with high concentrations of English as second language, as well as special education students. But this is a comprehensive reform framework that is developed to raise students' academic performance and commitment to the levels that are required now for post-secondary education and high quality employment.

Let me just go to the bottom line. Based on the research that we've done on our own work and other's work over the last fifteen years, it's clear that three elements are going to have to be there in order to really meaningfully change the likelihood that young people will finish high school successfully. First is, change the quality of relationships among young people and adults at school and at home. We put this first because we have some issues that are foundational. Before we move on to the core work of teaching and learning, we have to recognize the fact that many of the students that are attending the schools that are showing the biggest, having the biggest struggles with graduation, there are massive differences in both the race, the class and the geographical location and residency of the folks who work in the school and the young people and the families who attend the school. And we can't just push these under the rug; we have to actually stand up and face these differences and bridge these gaps. And that's going to mean changing the quality of relationships of trust, of mutual accountability, and of putting people together for longer periods of time so that they can get to know each other and then focus on this second issue, which is to change the quality of teaching and learning in every classroom every day. Of course, these are occurring at the same time, but we wanted to make explicit that we have to make it as part of our intention with any kind of intervention in schools; we have to understand that we have to address the issues of race and class. And finally we have to redirect the political, financial, and human resources to make these first two things happen. We can't just sit there with the same kind of decision making, the same kind of allocation of money and the same human resources and expect to make major changes in these first two things. So this is really the overview of the intent of First Things First.

What I want to do is to show some information that I think will be quite encouraging for those of us who work in secondary schools. There was a comprehensive study done by Hank Levin,

who is a very well known Education Economist at Columbia University and looked at a widely diverse range of interventions that are attempting to change graduation rates. They culled from all of these interventions those that had evidence that they actually had impact on graduation rates and then did an economic analysis to look at the cost benefit ratios involved with each of those interventions. And you can see they range from things like class size reduction to, in our case, our comprehensive school reform program and everything in between.

And the good news for the high school reform folks, and this was actually surprising to me because a lot of the zeitgeist has been in the past that early interventions are going to make a bigger difference and be more cost effective. In this study, however, there were, all of these were cost effective to doing nothing, of course, but in terms of bang for the buck it looks like the high school reform initiative, in this case the First Things First initiative, was the most cost effective in terms of how much was spent and the social benefit in terms of the cost dollars saved by increasing graduation rates.

What I want to do is show some data now and much of these data come from the district that Mary Stewart represents, the Kansas City, Kansas School District where it was a district-wide reform. All of the high schools participated in this First Things First framework. And first off, I want to hear from the voices of the students.

These are student surveys that were giving longitudinally for a large number of years over the course of this longitudinal evaluation. And what it shows is a dramatic drop in the percentage of students who are saying they are disaffected with school. And we know from the research that students' attitudes and beliefs and motivation are an important determinant of high school graduation. So this was our, if you will, leading indicator of the leading indicator, which is that we saw this drop in the student's disaffection, that is less students saying they were bored with school, that nobody cared about them and that they didn't find anything that was meaningful to them. And here is the graduation rate. Again, we've used a three year moving average, which really is a more conservative estimate of the trend. And what you can see is as the red moves to yellow, the red is pre-intervention and the yellow is post-intervention. And you can see a dramatic increase over this time period up to approximately, and Mary can give you more updated information beyond these years. But these were where the evaluation was occurring up to just about that level that we were talking about before in terms of a threshold from as low as in the close to half the kids not graduating. And along with that what we saw were major increases in the percentage of students being proficient in reading, which is not surprising, and a major decrease in the students that were really struggling with reading over that same time period.

And again, a different format, and I apologize for having a different format on the slide, but I wanted to show that these are five high schools. High schools, in addition to the ones in Kansas City, Kansas, one in Houston, Texas that used the math strategy that is part of the First Things First framework and showed dramatic increases. The yellow is post-intervention and the color is pre-intervention. Dramatic increases over this period in the percentage of students who were showing proficiency in math.

So in addition to having kids stick with school longer, we are also having kids show dramatic increases as well in their academic performance. Now that isn't necessarily intuitive because if you are holding on to more kids toward graduation, you'll tend to be holding onto those kids who would have dropped out, obviously, and those tend to be your lower academic performers.

So in some cases you might expect to see actually a dip in academic performance as you increase graduation rates, but our partners in Kansas City and Texas showed an increase in academic achievement as well.

And now let's go to the actual intervention itself. And the theory of change is here on this slide, begins with a set of outcomes that we are shooting for, which you have already heard about, and the relationships teaching and learning and reallocation of resources. There's a set of strategies that we use, these four strategies – Data-Driven Dialogue, Instructional Improvements, Small Learning Communities, and a Family and Student Advocacy System; and then a set of processes and supports that our organization provides and partnership with the leadership, with Mary and the other leaders in the district to support the teachers and the educators, the students and families to be able to implement these strategies.

Let me just give you very briefly an example of what each of these reform strategies might look like on the ground. The Data-Driven Dialogue, one of the key elements of that is a more recent development, but one that was begun in Kansas City, Kansas called, Vital Signs, where this is a classroom based, a combination of student surveys and classroom based observation that takes, again the medical reference is good here. The idea being that there are some vital signs of what goes on in classrooms that you can observe and vital signs of what students are telling you about what is going on in their lives at school that can signal and give you direction for the kinds of focus that you should be putting to your professional development resources, as well as the attention of the school too. So we have developed a system that is very user friendly, high tech system, but it's very easy to use, Vital Signs to measure these vital signs of what goes on in classrooms and what goes in the minds and hearts of students to be able to use in an ongoing way for a school to improve itself.

In Instructional Improvement, we have worked very hard with our partner schools to develop a curricula that embed both high quality and high interest material for adolescents, as well as research based strategies that will generalize from literacy courses to other courses that they can use to master complex material.

One of the curricula that we have developed is called Health Matters, which is an introductory curricula around health issues that is used in our small learning communities, but is also used in schools where there are health pathways or health focused magnet schools.

Small Learning Communities is the structural reform that is part of First Things First. An example of this would be a health sciences community that Mary can tell you more about during the Q&A if somebody would ask her about it – it's very interesting what's going on in Wyandotte High School. But the entire school would be divided up into smaller learning communities that would stay with the young people for all four years and would have a theme of the students and the faculty's choice that would be the focus of a four year course of study, kind of like a major in college. But that creates both continuity of the relationships between these young people, the families and the students, but also an academic focus for the community. And finally the Family and Student Advocacy System, which is a way to connect up the folks in the family with the folks in the school.

As I spoke earlier about forming relationships that are more long-standing and mutually accountable and mutually respectful, that in order to do that what we have found is that you have to figure out a way to have people get to know each other. And you can't do that by simply

expecting families from all different communities to come to PTA meetings and bake sales. It is that you actually have to create an expectation and an opportunity for every adult in the building to get to know the families, as well as the students in a small group. So we create this structure within the small learning communities where each adult takes on 15 to 17 families and students for the entire time they are in the high school and form the kinds of relationships that can get to some of the issues such as health issues that might be barriers to the student's success.

I am going to wrap it up there. I expect there are a lot of questions. I apologize – it's a bit rapid fire, but I did want to take you to the next slide and introduce you to my colleagues, Randy Speck, who I am not sure if he is on or not, but I know Mary Stewart is, the Principal of Wyandotte High School in Kansas City, Kansas, which was our longest standing partner in the First Things First work now. They are actually into their second decade of work using these strategies that they have completely made their own. And Randy Speck, if he can join us, is one of our more recent partners, just in their first and second year in their district of implementing First Things First. So I thank you again for the opportunity to share this information with you and I look forward to your questions.

CARTER BLAKEY: Thank you, Dr. Wright and Dr. Connell. With that, we will open up the roundtable discussion portion of our webinar. And in addition to Dr. Connell's colleagues, I want to remind folks that we also have with us today Dr. Nadine Gracia, the Acting Deputy Assistant Secretary for Minority Health, and Dr. Sarah Allen from the Department of Education, who is a Specialist in Education Programs.

So I would like to invite the participants in the audience now, if you haven't already done so, to send questions through the WebEx Q & A feature or via the Twitter, or via Twitter using the #LHI. So we do have some questions that have come in already so let me start with those and continue to go ahead and send in your questions, those of you in the audience.

I think I'd like to send the first question to Dr. Wright. This question comes from someone who says he or she is actually very pleased to see the social determinants included as a Leading Health Indicator topic. They would like you, Dr. Wright, to talk more about the significance of having the social determinants included as a Healthy People 2020 LHI.

DR. DON WRIGHT: Great question, Carter – happy to respond to that. Let me say that the social determinants are in part responsible for the unequal and avoidable differences in health status within and between the various communities. As I mentioned before, the selection of social determinants as a leading health topic recognizes the critical role of the home, the school, the workplace, the neighborhood and the community in improving health.

The Healthy People 2020 LHI were selected and organized using a health determinant and a health outcome by life stages conceptual framework. This approach is intended to draw attention to both individual and societal determinants that affect the public healths and contribute to health disparity from infancy through old age thereby highlighting strategic opportunities, promote health and improve quality of life for all Americans.

The Healthy People 2020 vision is a society in which all people live long, healthy lives and certainly we understand that addressing the determinants of health is critical in our efforts to achieve that goal.

CARTER BLAKEY: Thank you very much. Dr. Connell, here is one for you and perhaps your colleagues. How do schools and school districts that want to implement First Things First engage the community and get community level support? And there is a second part to this question – can you give some examples of how schools or school districts approach this issue?

DR. JAMES CONNELL: Sure, I'll just say generally first and then I'd like both Randy and Mary if they could to speak to it. There are a number of touch points between the schools that are implementing these strategies and community resources and support, one that I am sure Mary can speak to very eloquently is the Family and Student Advocacy System; which may be the most important connection, because that is the connection between the community of families and parents and of the students with the connection with the school.

Other connections are between the small learning communities and the community, as well as the notion that community supports and services could be brought into the school and integrated into the school day itself through the small learning communities and other mechanisms. So Mary would you like to speak a little bit to that and then maybe Randy could say something?

MARY STEWART: Yes, thank you, Jim. I think some of the – it's different at different levels of development. Now we have been doing this for fifteen years, so our work with our community is a lot different today than it was in the beginning. And as it is with staff, as you start a reform effort like this and an initiative, you have to develop a level of trust. The same thing with students in the classroom and now with the community, you have to develop a trust with the community. And we did not have a very trusting relationship going on, so there was a lot of conversations that had to be had. We had to look for opportunities to work together and you can't develop trust if you aren't in the work, is our belief about it. So we identify work that we could maybe go arm in arm in and begin to find some successes with. All of that is a key piece of it. And the Family Advocate System that Jim referred to is a critical component and foundation of everything we do. Because it used to be in schools that only those students who chose to be involved, like in a band or in an athletic team, had that special someone that they felt they could always go to, like a coach or a director and also that their parent felt like they could go to.

If they were having problems in a math class, sometimes the students in band would go to the band director or the athlete would go, and the parent would go to the coach to see if they would help them figure out the issue. What we did with the Family Advocacy System, what we have is that opportunity for every student that's here.

Every student has an advocate. The staff divides up the students and so every staff member is an advocate to students and every student and parent has someone that they feel like they can go to – again, a trusting relationship that develops. So that as the issues that they are dealing with come up, as they have questions, there's a connection that they can have.

DR. JAMES CONNELL: The critical component and the other part of it, the health related aspect of this is that that advocate is aware of what the pathways are the resources that can address some of the barriers and issues that may be coming up in the family or with the child. They are not acting as a counselor or psychologist or a social worker; they are a conduit, a trusting conduit to the kinds of supports that are needed to get individual kids beyond the barriers to their academic success.

MARY STEWART: We are very fortunate at Wyandotte now with our Health Careers Small Learning Community to have had the opportunity to develop a relationship with KU Med Center, a local medical school here with the University of Kansas. And it took two years to do it, but because of our need for support in our community – we were not a very healthy community in the state of Kansas. But with building a relationship with them and the needs, the actual needs that need to be met, we have opened our school-based health clinic here that is run through our Health Careers Community and is actually the capstone experience of our seniors in that community. They are actually getting internships, opportunity in there to work side by side with doctors of what a high school student is allowed to do, deal with a lot of the logistics of the scheduling and of different parts of that program. Which is a phenomenal opportunity so that now every student here at Wyandotte can have a health home, a medical home; and many of them, with the dilemmas and roadblocks of transportation and insurances and all of that, they were not getting healthcare on a regular basis. So we took our structure and the needs of the community. And it was one of the most real partnerships that we have developed in that everybody had a need, everybody had something that they could contribute as well and bringing the needs and the contributions together helped us move forward with this.

And then that went on to another level because with our needs assessment in our health, school-based health clinic, we found out that nutrition – it's not rocket science there – but nutrition is one of our big issues. And so with that now our Hospitality Community has partnered with our nutritional services and a few other organizations and they are offering breakfast in the classroom every day for every student and every teacher, free of charge.

And so we are finding needs, we are addressing those needs. And then the family advocate that's here is working with the families, the students, and finding out where those services or where things are still not being met and focusing and magnifying additional needs that we need to be addressing.

RANDY SPECK: In the Madison Schools we are just north of Detroit. And as Mary in Wyandotte are in their fifteenth year, we are in our second year in working with IRRE, First Things First. This is our first year, second year of working with them, really the first year of implementation of the Small Learning Communities, Family Advocacy. And what we're finding is as we communicate this to our families, communicate this to our community, what they don't want is another program. They want something that is going to be embedded into our school culture. And the Family Advocacy Group, a component of this, along with the Small Learning communities, is starting to become a very enticing characteristic; a lot of families would want to come to our district.

As Mary mentioned, what they are doing in Wyandotte, and I'm glad to hear that even though we are in the earlier stages of implementing these strategies that I feel like we're on the right path. We are also developing a partnership with a local hospital, St. Johns Medical Center, to put in a school-based health clinic hopefully by the end of the year. Offering free breakfast this year – the first time to do that; and then also looking to do a free supper program for kids who are in after-school programs. Hopefully, launching that in the next 60 days.

So we are finding that as well, that these kids are in desperate need, not only the kids, the families. And a huge component of what we're trying to do this year as a school in Madison District Public Schools that is a part of First Things First and a part of this entire process is to engage our families. To take the influence that we can have as a school into hopefully extend

that into the home, extend that into the family, extend into that grandparent or that cousin or something who needs that medical and healthcare. And hopefully our influence as a school will have a greater impact on the local community.

CARTER BLAKEY: Thank you very much. I think we have some questions for the Department of Education. Some of participants today are asking what direction or guidance does the Department of Education give to support schools to develop the infrastructure necessary to address the whole child like FTF intervention seems to do?

So Dr. Allen, can you take a stab at that one? Dr. Allen, if you are on mute, you might have to un-mute yourself. Okay, while she is trying to get on, let me move on to some other questions. We have a lot coming in. Dr. Gracia, there are some listeners who are curious on what is the connection between the determinants of health, the social determinants of health and disparity? We've heard a little bit about education. Is there a bigger picture that we are not getting from our presentations today? Dr. Gracia, you need to un-mute your phone.

DR. NADINE GRACIA: Hi Carter, can you hear me now?

CARTER BLAKEY: Yes, and did you hear the question?

DR. NADINE GRACIA: Yes, I did hear the question – thank you. So yes, certainly in talking about the social determinants of health, education, being an important one, there are other conditions that we can look at as well with regards to access to affordable and healthy food, having access to healthy and safe housing, supportive networks. Really taking a broad frame as far as the social environment and physical environment in which people live and where they work and where children go to school.

And some of the things that we have seen and what research shows is that when you look specifically at minority or low income communities, that they may not have access to these healthier communities, healthier schools and so there is unequal distribution of those conditions can be a significant contributor to the health disparities that we see.

And so that I think is what raises the importance certainly of Healthy People addressing the social determinants of health and recognizing that it's not only when you receive care and what happens in the doctor's office or in a hospital that can potentially drive health disparities, but also these broader social determinants of health.

CARTER BLAKEY: Great, thank you. I am going to throw another question back to Dr. Connell. How does the Institute for Research and Reform and Education help schools determine what to measure with First Things First? How do they measure if their program is successful?

DR. JAMES CONNELL: That's a great question. We refer to it, as you have heard me; we refer to our partners as such, as partners. And as part of this partnership, we bring a set of instruments with us that we have found across the dozens of districts and hundreds of schools that we have worked in have been effective indicators of their progress. We also allow for customization. So for example in Kansas City, Kansas, although we have certain vital signs of instruction that we would look at across all of our schools to help them track whether they are making progress or not, there are also customized opportunities for them to measure the things that they are

specifically working on that might be different from what it is or in addition to what we are doing with First Things First.

But we are strong believers in trying to take measures and that teachers as professionals and educational leaders as professionals need to have data. Not just on the long-term outcomes, like the graduation rates and the test scores, etc., but also need measures of the quality of relationships; they need measures of the quality of the ways in which time is being used in the school, the quality of instruction that goes on in classrooms every day; and that by using those data, that mid-course corrections can be made much more rapidly.

So our measures are a mixture of things that we bring to the table based on our experience across all of these different schools, as well as measures that the schools themselves design to incorporate the specific kinds of reforms that they are implementing. But it is a very high – as Mary well attest – it's a very high data focused approach because we feel like that the professionals in the schools deserve to be seen quantitative, when possible, estimates of how it is they are doing so that they can make the changes they need to make to make sure it's being most effective.

CARTER BLAKEY: Great. And here's another one for you. This is a fairly simply yes, no. Are the FTF curriculum materials available in Spanish?

DR. JAMES CONNELL: Yes.

CARTER BLAKEY: They are – good. And how would people get those?

DR. JAMES CONNELL: They would just contact us through our website, <http://www.irre.org>. Now when I say the materials, that may not be – every single thing that you find on the website might not be available in Spanish, but certainly the introductory materials such as we have here and all of our curricula that we use. The curricula that we use are adapted for English language learners.

CARTER BLAKEY: Okay thank you. And if Dr. Allen can get back on – I think she has been bumped out – I think she can help participate in answering this question. But Dr. Connell, can you tell us how the First Things First was funded? Was it at a district level? I mean, where did the funding ...

DR. JAMES CONNELL: Historically there have been three sources of funding for the not for profit. One is we have received federal research grants from the Department of Education – thank you, Department of Education, two major longitudinal research grants that have included funds for the schools to participate in the professional development and technical assistance that we bring. So there has been funding from the federal government that is interested in generating the evaluations. The data that I just showed you are from federally funded evaluations that were done, the Kansas City, Kansas work as well as work in Houston, Texas. So federal.

We also receive funding from private foundations; so the initial funding in Kansas City, Kansas was from the Kauffman Foundation, which is a foundation based in Kansas City, Kansas. And between the years, in the early years of 2000 to 2005 we received extensive funding from the Gates Foundation to develop, for example, the Vital Signs instrument was developed using funding from the Gates Foundation.

And then we also received funding directly from districts. So districts will contract with us directly to provide supports. The funding in Madison, in Michigan is provided by the General Motors Foundation is funding the work there and the United Way. So we receive funding from community based or state based philanthropic organizations, national philanthropic, the federal government, as well as from districts themselves contracting with us.

CARTER BLAKEY: That's good – it sounds like you have a great network of funding established there. Dr. Gracia, we have more interest in making the connection between disparities and Healthy People 2020. And someone has noted that one of the over-arching goals of Healthy People 2020 is to eliminate disparities and achieve health equity. Can you give our participants some guidance or insight of how a community would make the connection or address the health equities, disparities issue in the context of social determinants?

DR. NADINE GRACIA: Well, I think one of the key things that you certainly see when you talk about the social determinants of health is understanding that it's multi-sector. Today certainly with the focus being on education, but also looking at income and employment and occupation, looking at the physical environment with regards to factors like environmental quality and neighborhoods. So all of those things can really come into play as contributors when you talk about social determinants of health and then the health and well-being of communities. So that is recognized certainly not only within Healthy People 2020, but other initiatives that the Department of Health and Human Services has underway like the National Prevention Strategy that was called for under the Affordable Care Act really to help Americans live healthier lives.

And one of the strategic directions in the National Prevention Strategy is to eliminate health disparities. There's also a strategic direction to help have healthier and safe community environments. What communities certainly can do as they look to the determinants of health and in focusing in on our communities, certainly there is information within Healthy People 2020 in the website and some information on data that communities can use to help tailor their plans and programs to their specific needs.

But there are also resources such as the Center for Disease Control's Promoting Health Equity publication that helps communities really look at and tailor and address the social determinants of health. There are resources like the Community Health Status Indicators project that is managed by the Health Resources and Services Administration to give data, as well as some mapping capabilities on health indicators in communities.

There's also information from funds like the Commonwealth Fund, the Health Data System providing information from national to state and local level, specifically on child health for example too where you can basically get a better picture of health in the communities.

So this type of information can be used to really help to look at who important partners are as communities are working to design specific strategies and programs and plans within their local community that will address the disparities, as well as – both health disparities, but also socioeconomic disparities that may exist in communities that are contributing to the health disparities.

CARTER BLAKEY: Great, thank you. Now we have some more questions coming in and unfortunately I think this might be the last one we have time for. And first, Sarah, are you on?

DR. SARAH ALLEN: I am here.

CARTER BLAKEY: Let me go back to one. We have a lot for the Department of Education. People want to know what does the Department of Education have available in terms of resources for implementing a program like First Things First and what other resources and funding activities or opportunities are there?

DR. SARAH ALLEN: Thank you. As a follow-up to both speakers that went just before me, I would like to encourage you to think of the Department of Education as a partner.

At the federal level we have information available, we have funding available for implementing programs and for building capacity to implement programs. So when we are talking about the First Things First, some schools, LEAs, some states can access funds for implementing programs with demonstrated effectiveness. And you can find those resources in the form of discretionary grants. Sometimes they are targeted at data collection, longitudinal studies and demonstrating effectiveness. Sometimes they are targeted at building the capacity of staff, so they provide opportunities, as was mentioned earlier, for staff to participate in training, to receive coaching and materials needed to implement the program. And some programs have funding available to build partnerships. So really the funds are focused on opportunities for school personnel to partner with community agencies and organizations to build a seamless service delivery system, something like we have heard mentioned today as well. So if you are looking for funding or information on implementing programs, the Department of Education has a lot of resources to provide. And I would be happy to follow-up with others if you have questions about specifics.

We also have – I just wanted to mention the National High School Center which provides information. By checking out their website, you can learn about federally funded initiatives that impact high schools and opportunities for funding. They have information available about related topics, healthcare centers, literacy I have heard mentioned today, dropping out, restructuring schools. So if you are interested in learning more about a particular area and also about building the continuity, a comprehensive systems-wide change. So that information, the National High School Center, you can check out their website, <http://www.betterhighschools.org>.

And another resource I wanted to mention to you because we are talking about social determinants is the Technical Assistance Center on Positive Behavioral Interventions and Supports. The PBIS Center helps schools build capacity to put into place programming such as First Things First. So another great resource for building social, emotional, behavioral skills and also thinking about how to begin to implement programming such as First Things First.

CARTER BLAKEY: Great, thank you. We are so glad you made it on because you had the second to last question, because I am going to take the last question. Will the slides be available online after the session? And the answer is the slides will be sent to everyone who registered for this webinar. So they will be available to those who registered.

So I am going to wrap things up by saying thank you to our speakers and our panelists. We appreciate the time you took to prepare for the webinar and spend the last 45 minutes with us. The webinars, as a reminder, are part of the series and we hope you all will continue to join us. Healthy People is actually looking for real stories from organizations like First Things First that are working toward making goals a reality.

So if your organization or if you know of an organization that is doing great work on a specific leading health indicator topic or indicator, we'd like to hear about. So go to <http://www.healthypeople.gov> and you can submit your story online, there will be a form. You can also follow us on...join the Healthy People 2020 group on LinkedIn or the Healthy People consortium as well. So to receive notices about our upcoming events, please sign up for our email announcements on <http://www.healthypeople.gov> and we look forward to participating in other events with you all. So thank you again and until next month.

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