

Strengthening the Diffusion of Quality School Health Programs by Incorporating Strategic Communications Planning

Beth Stevenson, MPH

Healthy Children Goal Team Lead, CDC

Diane Allensworth, PhD, RN

Associate Director, Education Sector

Division of Private and Public Partnerships, CDC

Christi Kay, MA

Executive Director, Health MPowers

The findings and conclusions in this presentation/report are those of the authors and do not necessarily represent the views of the Centers for Disease Control and Prevention/the Agency for Toxic Substances and Disease Registry.

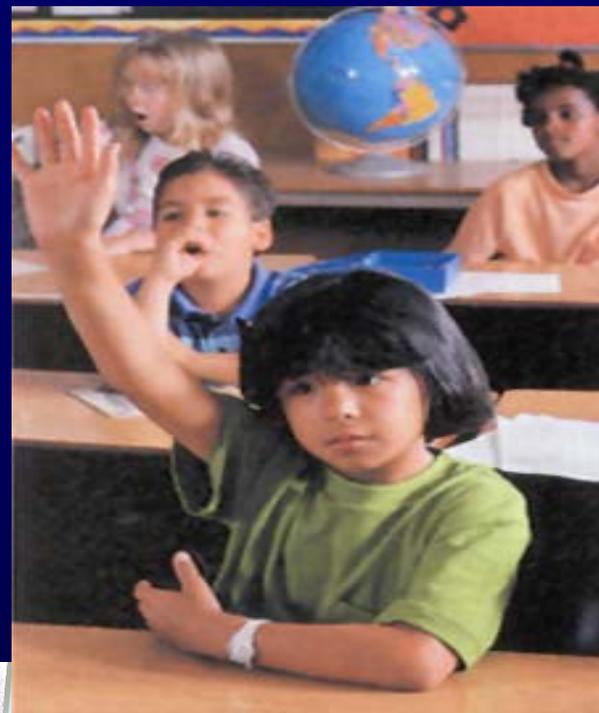


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



Session Objectives

- Articulate the role of communications planning in successful diffusion of a school health program.
- Identify stakeholders, researched messages, and delivery channels for diffusion of a school health program.
- Discuss how a multi-level communications strategy can be integrated throughout program development and implementation.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



Components of a Coordinated School Health Program



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION





- Mobile, year round services
- Targeting students, staff and families
- Three year commitment
- Focused on increasing



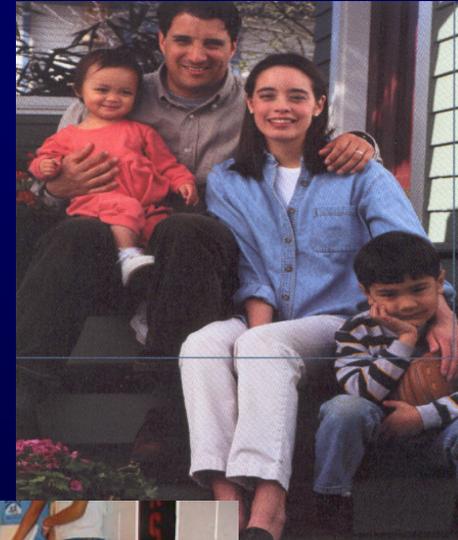
health enhancing behaviors via continuous improvement of CSHP program



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



- Services For Students
- Services for Staff/Schools
- Services For Families



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



Bosworth et al's Model for Diffusing School Health Innovations

- Address Facilitation
- Provide Resources
- Secure School-Based Leadership
- Address Implementer Characteristics
- Attend to External Environments
- Assure Compatibility



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



Bosworth et al's Model for Diffusing School Health Innovations

• Facilitation Process Steps

- ✓ Presence of written plan
- ✓ On-going training of staff
- ✓ Technical assistance & coaching
- ✓ Monitoring and feedback
- ✓ **Communication**



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



Health Communications Planning

1. Assess health issue/problem; identify all the components of a possible solution.
2. Define communication objectives.
3. Define and learn about intended audiences.
4. Explore settings, channels, and activities to reach intended audiences.
5. Identify partners and develop partnering plans.
6. Develop a communication strategy for each intended audience; draft a communication plan.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



1. Assess the needs and identify possible solutions

- All had aspects of the 8 components of a school health program, but not coordinated or evaluated
- Two components most often missing:
 - ✓ staff worksite wellness and
 - ✓ family and community involvement
- No school had a school health council in place
- No focus on priority risk behaviors



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



2. Define Communication Objectives

- Objective 1: Target audiences will be able to describe the link between certain childhood/adolescent behaviors and chronic disease in adults. *(The Problem)*
- Objective 2: Target audiences will be able to describe the link between health and academic achievement. *(The Solution)*
- Objective 3: Target audiences will be motivated to provide supportive programs, policies, and environments that will assist in achieving the overall program goal of helping students adopt health-enhancing behaviors. *(The Call to Action)*



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



3. Define and learn about intended audiences

- School Administrators and community influencers
 - ✓ Principal
 - ✓ Superintendents
 - ✓ Business leaders
- Teachers and school staff
 - ✓ School team leader/liaison
 - ✓ School team
- Families and community members



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



Understanding Health and Education Priorities

- Primary mission of schools is education, not health
- Coordinated school health programs require systemic changes to policy and programs
- Schools are busy and often overworked
- Use of language varies between health and education disciplines



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



4. Explore settings, channels, and activities best suited to reach intended audiences

- Audiences -- highly interconnected, interdependent, have limited time, and competing information
- Approach – highly structured communication, scripts with consistent language, and timelines with optimal times to impact audiences



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



Communication Activities

- Monthly e-mails
- Press releases
- CSHP staff interviews
- Scripts for HMP staff
- Lessons Learned
- Linking health and achievement
- Resource guides



Lessons Learned



Improving Academic Achievement Through School Site Health Promotion

Schools, like other employers, are searching for ways to reduce costs associated with health care and absenteeism:

- Healthcare costs in the U.S. continue to rise. The estimated cost in 2003 was \$1.66 trillion.¹
- Much of the cost is associated with the diagnosis and treatment of the following chronic diseases: heart disease, stroke, obesity and diabetes.¹
- Heart disease and stroke, the #1 and #3 leading causes of death, cost the nation approximately \$300 billion/year.¹
- Diabetes costs the US approximately \$132 billion/year. Individuals with diabetes lost more than 8 days/year from work.¹

Health promotion and disease management programs in the worksite are cost effective.

The return on investment for worksite programs have benefit-to-cost ratios ranging from \$1.49 to \$4.91 (median of \$3.14) in benefits for every dollar spent on the program.¹



The major root causes of all chronic disease are the health debilitating behaviors (poor nutrition, sedentary lifestyle and tobacco use).

Worksite programs help employees:

- control weight,^{2,3}
- reduce blood pressure,⁴
- stop smoking,^{5,6}
- increase physical activity^{7,8} and
- manage emotional stress.⁹



School Site Health Promotion Provides Both Public Health and Educational Benefits for Staff.

The rationale for organizing worksite health promotion in schools is compelling:

- Schools have both the needed facilities and the potential staff to provide the program.
- Support from co-workers facilitates the adoption health enhancing behaviors.¹⁰
- Disease, health risks and injury are reduced thus reducing absenteeism and lowering health care costs.¹¹
- Job satisfaction and employee morale are increased.¹¹



References

1. US Department of Health and Human Services. *Preventive Medical Care: "Cloth"*. September 2003. <http://www.hhs.gov/health/preventive/03/10/03/>
2. Truesdell D and Jeffrey R. Worksite intervention for weight control: a review of the Literature. *American Journal of Health Promotion*. 1996; 10 (6), 471-494.
3. Collins J, Wagner S, Weissberger L. 123 issues issue 2,233 pounds in a work-site weight loss competition. *Journal of the American Dietetic Association*. 1996; 96(1), 1574-1579.
4. Alderman ML, Matheson S, Davis EK. Reduction of cardiovascular disease events by work-site hypertension treatment. *Hypertension*. 1983; 5:138-143.
5. Sasagawa I, Shindoh A.M, LaMontagne AJ, Emmons K, Lind MK, Youngstrom R, McLaughlin J, Christian DC. A comprehensive worksite cancer prevention intervention: behavior change results from a randomized controlled trial. *Cancer Causes and Control*, August 2002; 13 (8), 675-502.
6. Coyle SJ, Grothaus LC, McAfee T, Palomaki C. Use and cost effectiveness of smoking cessation services under free insurance plans in a health maintenance organization. *New England Journal of Medicine* 1998; 339:873-8.
7. Bandura A, Fielding J, Hovell AA. Worksites Worksite health promotion: Its evolution and the Tobacco & Tobacco cessation. *Preventive Medicine*. 1999; 19:13-21.
8. Hainich MA, Heit A, Dietel JC, Konopka H. Work-site physical fitness programs: Comparing

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Copyright 2007, Beth Stevenson, bstevenson@cdc.gov

5. Identify potential partners and develop partnering plans

- Component area staff provided ongoing information and annual interview
- MOA
- Annual Progress Rubric
- Workshops for school teams
- Annual interviews with all key staff
- Annual presentation to principal



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



6. Develop a communication strategy for each intended audience

Core universal message which describes the problem:

“Health risk behaviors lead to chronic disease and reduce academic achievement”



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



A core universal message which describes the solution to the problem:

“The implementation of a quality coordinated school health program (with assistance from Health MPowers) reduces health risk behaviors and increases academic performance”



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



A call to action message unique to each audience:

“Each of the target audiences can strengthen the coordinated school health program and promote the adoption of health enhancing behaviors by students and staff”



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



Lessons Learned

- Use education language as opposed to public health language linking the innovation to academic achievement
- Being intentional about communication can mean being proscriptive about personal interactions
 - ✓ Use scripts with participating school staff
 - ✓ Assure intended messages are received by all



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



- Busy education target audiences need multiple communication tools used over time.
- Use communications for multiple purposes
 - ✓ Press releases inform principals
 - ✓ Teachers distributing and collecting the family newsletter as “homework” for the child that involves the family member reaches three different audiences.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



- Link lessons to state education standards
- Require dissemination staff to communicate with the school liaison at least quarterly
- Provide the principal and the participating school liaison a copy of all messages to the school staff
- Target family members to reinforce program with staff
- The process of implementing any innovation takes time



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



Summary

Intentional use of health communications best practices at the school level based on data about target audiences, channels, and messages can strengthen program diffusion.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

