Healthy Schools Logic Model

Connecting education, health, & community

Long Term

Improve school social and emotional

emotional, and mental wellbeing) and

culture for all students, all families, all

school staff, and relevant community

Improve adolescent health outcomes

of youth suicide attempts and deaths,

in Deschutes County: Reduce rates

substance use, teen pregnancies,

Improve high school graduate

and post-high school success

County: Increase rates of on-time

graduation, life and career readiness,

outcomes in Deschutes

climate (i.e., a positive school

environment that fosters social,

Location

Deschutes County and Bend La Pine Schools

Audience

School leaders, staff, students, and families in Deschutes County

Time Period

Over the next four years (by 2024-2025)

Situation

Remove social, emotional, mental and physical health barriers to education.

Program Goals

- Increase social, mental, emotional and physical health supports in schools
- Increase students reaching Positive Youth Development benchmark
- Reduce unmet physical and mental/emotional health needs amongst students
- Reduce disparities by race/ethnicity, gender/sexual orientation and income levels
- Increase on-time graduation rates

Inputs/Resources

Bend-La Pine Schools

and staff

and facilities

Health staff

(school district) funding

School facilities and staff

Deschutes County funding

Deschutes County Public

Activities

Steering Committee

practices

education)



Outputs



Outcomes - Impact

District Level

Develop and convene Healthy Schools

Assess resources, readiness, and gaps

Collaborative, data-driven prioritization,

evidence-based school health practices

Implement district level interventions

(such as professional development,

Scope and Sequence and approved

curricula, and increasing structural

supports for evidence-based health

Strategic communication for multiple

Continuous monitoring, evaluation,

reporting, and quality improvement

Strategic communication and

coordination across agencies,

programs, and services

(internal/implementers)

stakeholder groups

(external/beneficiaries)

review and revision of Health Education

in evidence-based school health

planning and implementation of

School Level

Create and identify school health team

Conduct school health assessment

Develop school health improvement plan

Implement school health improvement plan

Develop and implement actions for school ealth improvement plan and district initiatives

Serving as a liaison between the school and external programs, such as Deschutes County Health Services, School-based Health Center and community-based organizations

Providing behavioral screenings for students, as needed

Providing resource navigation to admin, staff, parents, and students

Providing evidence-based health education to students and parents

Providing health communications to entire school community and to targeted groups

Providing parenting education to support adolescent health and development

Providing training and coaching to improve evidence-based school health practices

Supporting compliance with state and district health-related policies

Coordinating implementation of school-wide Social and Emotional Climate and Culture

Supporting student engagement initiatives and youth-led projects

Measures may include:

- Number and type of stakeholders engaged in planning and implementation
- Number of activities implemented from plans
- Number of new links to community resources
- Number of family engagement opportunities
- Number of professional development services provided and number of attendees and audience type
- Number and types of communications out to stakeholder groups (i.e., district, admin, staff, parents, students)
- # of screenings administered (includes Upshift) and targeted early intervention sessions held, tracked in a database

Contract between school district and county regarding what resources and access each agency is providing, and permission for public health to be in schools and access data, staff, students, and communication channels

District and school level assessments, program plans, and annual reports codeveloped by education and public health regarding school health needs and strategic direction and approaches for implementing Healthy Schools

Database of school health resources

Schools meet Oregon's "Core

Short Term

Healthy Schools' and school staff increase their knowledge of school

Capacity" for sustainable school

resources and how to access them Improve communication and coordination across services,

health practices and priorities, and

Increase community partners' knowledge and alignment of school health needs

sectors, and levels

Increase district readiness to assess and address systemic health education, school climate/culture, and family engagement needs

District develops and adopts a K-12 health scope and sequence

District adopts recommended evidence-based curricula outlined in the scope and sequence

Collaborative, systemic, and integrative outcomes:

Improve collaboration and integration across services sectors, and levels, including district integrating Health Schools staff and initiatives into district operations and

Intermediate

Improve in evidence-based school practices in school climate and culture, family engagement, health education, counseling and health services (linkages to care), and community involvement

Health teachers increase their knowledge, confidence skills, and delivery of skills-based Health Education

Improve opportunities for engagement, enrichment, and school connectedness between all students, all families all school staff, and relevant community partners

Improve positive relationships between adolescents and their peers, family, and adults in their schools and community

Reduce disparities in adolescent health and graduate outcomes by income, race/ethnicities, and gender identity/sexual orientation

partners

Impact:

Youth receive Healthy School services and students' have reduced unmet physical and mental/emotional health care needs through improved linkages to care for preventative care and early intervention

Reduce disparities in students reaching the Positive Youth Development benchmark by income, race/ethnicity, and gender identity/sexual orientation

Students and parents/guardians increase their knowledge of resources and how to access them

School staff and parents/guardians increase their knowledge, confidence, and skills in supporting adolescent health and development needs

Students increase their competence and confidence in their health skills, according to national health education standards

Increase proportion of students reaching Oregon's Positive Youth Development benchmark

External Factors

Whether or not the interventions or curricula is accepted by school staff and parents Pandemic influence on in-person school and other school operations

Community culture influence on school organizational behavior Availability of resources in the community Local Policies/Politics

Assumptions

Program team has access to district and school operations and stakeholders Participation or engagement of schools, community partners, families Continuing in person school

Continued funding Healthy Schools and school staff retention