OHA Student Health Survey

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Program Design and Evaluation Services

November 2021

Oregon Health Authority

Program Design and Evaluation Services

- Multnomah County Health Department and the Oregon Public Health Division
- What we do:
  - Program design
  - Evaluation
  - Data to inform policies
  - Applied research
  - Public health surveillance
- Survey Unit administers health surveys

Purpose

Youth surveys are a key part of a statewide effort to help local schools and communities

- – Identify strengths and problems
- – Assess needs and develop plans
- – Evaluate prevention efforts
- – Solicit funding (ex: SSA, DFC)
- – Measure outcomes

Youth Survey Background

- OHT & SWS
  - Biennial survey
    - OHT: Sample 8th and 11th graders
    - SWS: Census recruiting 6th, 8th, 11th
  - School-based
  - Pencil-and-paper or web-based

Student Health Survey

Integrates OHT and SWS

- – Census recruiting of districts/schools
- – 6th, 8th and 11th grade
- – Shorter questionnaires
- – Fall survey administration

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2020

Student Health Survey

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Helping all youth to be happy, healthy and resilient

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Differences in Youth Surveys

Differences in SHS, OHT and SWS			
	SHS	**OHT**	**SWS**
Methodology	Online	Online and paper-and-pencil	Online and paper-and-pencil
Grades Surveyed	6th, 8th, 11th	8th, 11th	6th, 8th, 11th
Learning Environment	Distance learning, in-person, hybrid	In-person	In-person
Data collection period *	October 2020 to June 2021	February to May	February to April
Recruitment *	Census recruiting of districts	Sample of high schools and feeder middle schools	Census recruiting of districts

*Both the district recruitment and data collection periods (originally October to December 2020) were extended to the end of the school year due to the COVID-19 global pandemic to allow for greater participation.

- SHS provide baseline measure of key indicators
- Not strictly comparable to prior OHT and SWS

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Survey Content

COVID-19 Impact
- Impact on households
- Unmet physical health care needs
- Unmet emotional or mental health care needs

Social Determinants of Health
- Food security
- Housing stability
- Access to health care
- Exposure to traumatic stress/ACEs

Positive Youth Development (PYD)/Academic Outcomes
- Physical, mental, emotional health
- Connectedness/resilience
- Grades/absenteeism

School Climate and Culture
- Connectedness and belonging
- School safety
- Bullying

Social and Emotional Health
- Mental health
- Support
- Self-harm/suicide prevention

Injury Prevention
- Distracted driving
- Impaired driving

Happy Healthy Resilient

Healthy Body
- Nutrition and exercise
- Healthy body weight
- Sources of health information
- Asthma
- Oral health

Sexual Health, Healthy Relationships, CSE, and SV and IVP Prevention
- Sexual health
- Healthy relationships
- Comprehensive sexuality education
- SV and IPV prevention

Drug-Free Communities (DFC) Core Measures and Harm Perceptions
- 30-day use
- Parental norms
- Peer norms
- Harm perceptions

Substance Use
- Alcohol
- Tobacco and e-cigarettes
- Marijuana
- Non-medical use of prescription drugs/Other illicit drugs use

Problem Gambling
- Types of gambling
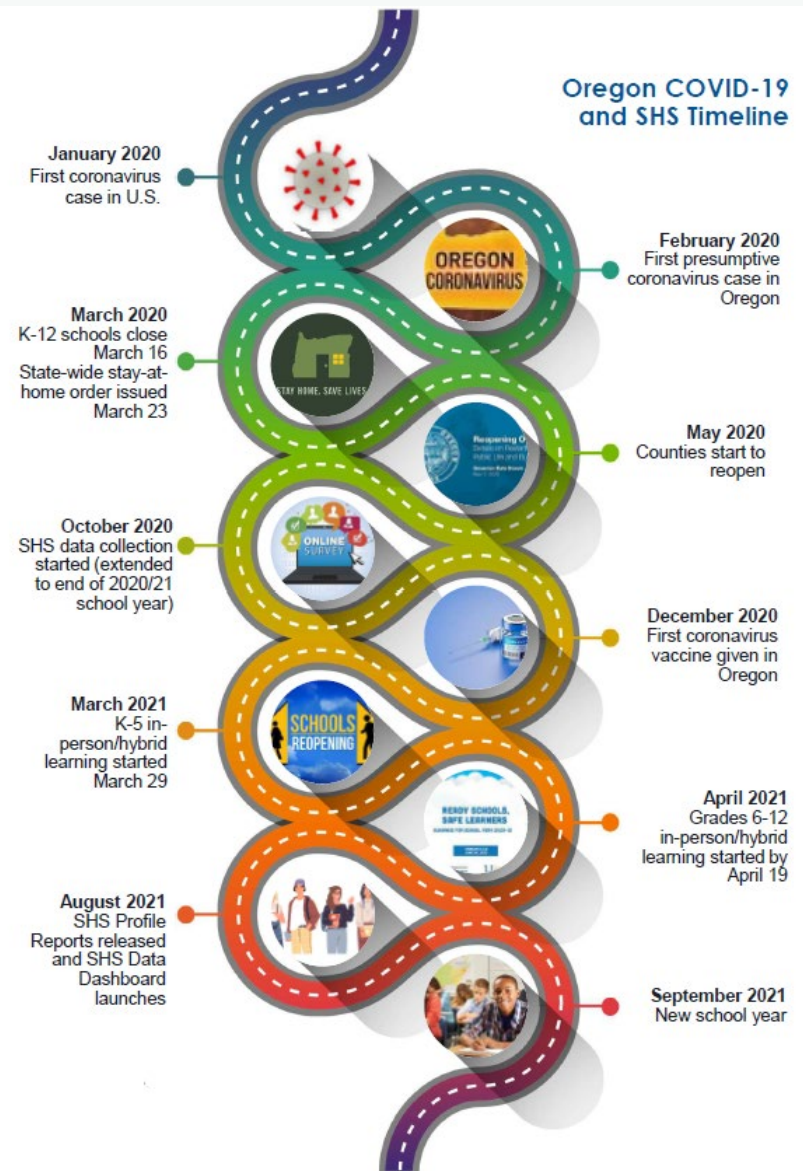- Gambling behaviors

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Best Practices for Valid, Representative Results

- Census recruiting of districts/schools
- Active parental notification/Passive parental consent
  - Meets federal standards
  - Unbiased results
- Reliability checks to identify inconsistent or conflicting responses
  - Students are as credible as adults
  - Students must see the survey as important and their privacy is protected (anonymous)
- Weighting based on enrollment

SHS Administration During a Pandemic

- Information on students' health and well-being even more critical
  - Added COVID impact on HH questions
  - Adapted procedures for distance learning administration
- Flexibility was key
  - Constant uncertainty and change
  - Multiple extensions of data collection period
  - Preliminary results for key items provided 2 weeks after district done with data collection

Oregon COVID-19 and SHS Timeline

January 2020 First coronavirus case in U.S.

February 2020 First presumptive coronavirus case in Oregon

March 2020 K-12 schools close March 16 State-wide stay-at-home order issued March 23

May 2020 Counties start to reopen

October 2020 SHS data collection started (extended to end of 2020/21 school year)

December 2020 First coronavirus vaccine given in Oregon

March 2021 K-5 in-person/hybrid learning started March 29

April 2021 Grades 6-12 in-person/hybrid learning started by April 19

August 2021 SHS Profile Reports released and SHS Data Dashboard launches

September 2021 New school year

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Survey Modernization

- Disseminate results of community partners' work to inform continuous improvements
- More relevant and actionable data
  - Continue collaboration with community partners on methodology, content, analysis, communications
  - Student voice/Youth Data Council

Survey Modernization

- Provide greater access to data
- Full Report
- Data Dashboard
  - Interactive
  - Secure access for districts and schools to conduct additional analysis
  - Public interface for state and county-level results for other users

Questions?

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Category	Variables	Rationale	Collected how?
Trainers	Type of Trainings Certified in For each training type • Year first Certified • Year last Certified • Number of Trainings/Year REALD – Race, ethnicity, language disability (heavier lift) SOGI – Sexual orientation, **gender** (heavier lift) Lived experience Age Education Occupation and Employer Organizational affiliations Counties host organization serves County of residence	Track trainer availability Track rate of trainer entry/exit Assess demographic (male gender especially) and regional gaps in trainer availability to guide recruitment of new trainers Know which organizations and types of organizations are the most active partners Determine whether and which follow-on trainings for continuing education purposes.	Likely easiest to collect; Can this be gathered by the host orgs? Most of this is already gathered… Combining this may be challenging Can there be a central trainer registration? Application?
Trainings	Trainer(s) training Date of training Location of training Host offering training # of participants Language of delivery Type of training Fidelity Tracking (training specific forms) as possible	Track numbers trained Assess demographic and regional gaps relative to risk Describe group composition (size, heterogeneity, etc.) Sector analysis – making sure that highly impacted occupations are represented	On track with what coordinators seek, data availability depends on training
Participants	REALD – Race, ethnicity, language disability SOGI – Sexual orientation, **gender** Lived experience Age Sector/Profession Baseline knowledge/confidence Motivation for attending Referral/recruitment source County of Residence Location(s) of Skill Application Training acceptability Post knowledge/confidence Likely referrals to…	Describe who is trained Trainer acceptability to include sensitivity to group demos AND to location (organic rootedness of training to community) Assess participation gaps relative to risk (men) Describe group composition (vets, construction workers, etc.) relative to known suicide data Inform and prioritize recruitment efforts Inform any matching of group to training type Monitor fidelity Measure effectiveness	Varies in how easy to get

Those Supported by Participants	Skills applied Referral rates Increased access/use of services No increase in ED admissions No increase in suicide rates	Number reached How and which skills used to reach others Number referred where Number accessing services Suicide related outcomes	As reported by those participating in the training
Public	More supportive attitudes More willingness/skills to listen Less stigma Less misinformation	Community impact	