

Health Data Dashboard Data-Driven Discussion Guide

1. Getting familiar with the data

This data about health outcomes and results of [FitnessGram testing](#), among others, may be very new to the education audience. In the dashboard “overview,” there are terms and definitions, as well as a brief description of each data point when you hover over the “i” in each box.

Are the health outcomes different or what you may have expected for your community?

- i. What current policies, programs, and initiatives does your district have to address student health outcomes?
 1. How are these things working? Are you able to measure their success?
- b. If your LEA ranks differently than you anticipated when it comes to absenteeism, discipline, and other academic measures, are you taking active steps to address these issues?
 - i. If you rank low (higher number) on these measures, have you conducted any root cause analysis?
 1. [The Health Barriers to Learning and Development Toolkit](#) from GaDOE includes evidence on common health issues that contribute to school absence and disrupted mental health and/or behavior.

2. Assessing the relationship between health and academic data

Both health and academic data were strategically placed on this dashboard to encourage education stakeholders to look at these items together. You may consider asking:

- a. If Georgia Milestones test scores are low, what do your health outcomes look like?
- b. If you have a high ranking for chronic absenteeism, what is the rate of Emergency Room Visits for Asthma in your county?
- c. It is not unlikely that children struggling with an uncorrected hearing or vision problem, or persistent hunger may have a hard time learning in the classroom. Their inability to see the board or hear the lesson or think about something other than their next meal can be distracting and potentially disruptive.
 - i. Before citing a discipline incident, has the root cause of the behavior been identified?
 - ii. Before seeing if a student needs additional academic support or a mental health referral, have they been screened for basic health barriers like uncorrected vision and hearing problems, dental pain, food insecurity, or other health-related issues?
- d. Student-level health data

There are no state-level education requirements for health data, aside from the results of annual FitnessGram testing and Form 3300, which is collected at a child's first entrance to public school (including when they transfer to a new district). However, we are able to look at county-level data on asthma and food insecurity for children aged 0-19 from external sources.

 - i. FitnessGram is an annual requirement for schools in Georgia. This dashboard gives districts and schools the opportunity to look at their results against others across the state to see how they compare. When looking at this data, you may consider asking:
 1. How often are students in my school given the opportunity for physical activity?
 - a. How are physical activity goals incorporated into your school and district [wellness policy](#)?
 2. Do we know what percentage of students in our school have asthma? If so, do these students have an up to date [Asthma Action Plan](#) on file?

Health Data Dashboard Data-Driven Discussion Guide

- ii. Food insecurity is a reality for nearly 15% of students in Georgia. School meal programs including breakfast, lunch, and afterschool meals/snacks are a great way to ensure that students are getting quality, nutritious meals at school. You may consider asking:
 1. What are the participation rates for our breakfast and lunch programs?
 - a. Can these be improved upon?
 - b. Are there factors that prevent students from participating in school meal programs?
 2. What other options do we have to connect students and their families to food?
 3. Community context

There are a limited number of healthcare resources available in many counties across Georgia. Often, connecting families to this type of support requires thinking outside the box and creating unique community partnerships to meet student needs.

 - a. Looking at the data dashboard, how far do students in your community have to travel to visit a doctor? Is transportation a concern?
 - i. What immediate healthcare resources do you have within your school or district?
 1. Are the school nurses practicing within the district either Licensed Practical Nurses (LPN) or Registered Nurses (RN), who have the ability to bill eligible services through Medicaid?
 2. Are there any pediatric providers in the community, including dentists, that accept Medicaid?
 3. Would establishing a school-based health center or telehealth program be of interest to the school community? *More resources available on this through [GaDOE](#).*
 - b. There are several ongoing initiatives across the state working to build rural healthcare capacity, often starting small through community-based organizations. Do you know of anything going on in your community? What community-based organizations could have the capacity to support needs like health screenings and health education?
4. Response

We created this dashboard to encourage school stakeholders to start incorporating health prevention, promotion, and intervention where appropriate and necessary throughout day-to-day school operations. After reviewing the health data alongside academic outcomes on this dashboard, you should consider how your school/district might want to respond.

 - a. Thinking about pre-existing student supports, what are some current strengths and weaknesses when it comes to health? Using data from this dashboard regarding student health outcomes, what are some areas that could be improved upon?
 - b. With regards to processes such as multi-tiered systems of supports, special education referrals, and mental health referrals, among others, could basic health screenings such as those for hearing, vision, oral health, and food insecurity be incorporated at the first stage of the process?
 - c. In terms of policymaking, what policies exist at the school district level that are relevant to health for all students, not just subgroups such as children and youth with special healthcare needs? Is there an opportunity to create policy such as routine health screenings that might provide a preventive benefit to all students?