


Summer 8-27-2014

County of San Mateo Adolescent Report 2014-2015 Youth and Adults Working Together for a Healthy Future

Vanessa D. Bolton
vdbolton@dons.usfca.edu

Follow this and additional works at: <https://repository.usfca.edu/capstone>

 Part of the [Health Policy Commons](#), [Maternal and Child Health Commons](#), and the [Public Health Education and Promotion Commons](#)

Recommended Citation

Bolton, Vanessa D., "County of San Mateo Adolescent Report 2014-2015 Youth and Adults Working Together for a Healthy Future" (2014). *Master's Projects and Capstones*. 47.
<https://repository.usfca.edu/capstone/47>

This Project/Capstone is brought to you for free and open access by the Theses, Dissertations, Capstones and Projects at USF Scholarship: a digital repository @ Gleeson Library | Geschke Center. It has been accepted for inclusion in Master's Projects and Capstones by an authorized administrator of USF Scholarship: a digital repository @ Gleeson Library | Geschke Center. For more information, please contact repository@usfca.edu.

County of San Mateo

Adolescent Report 2014-2015

Youth and Adults Working Together for a Healthy Future

Vanessa Bolton

August 27, 2014

Abstract

The purpose of this paper is to highlight my fieldwork experience with the County of San Mateo Health System's Health Policy and Planning Unit. Under the guidance of a Community Health Planner, my scope of work was within the area of school wellness, ranging from an adolescent report publication to researching breakfast in the classroom models to attending district wellness policy meetings. The San Mateo County Adolescent Report took precedence over most of the school wellness projects and initiatives because it was seeking to identify the needs of the County's youth using evidence from various data sources and to develop policy recommendations. Although the Adolescent Report highlighted a multitude of youth health concerns, a large focus was on the mental health of youth.

Throughout the report, I will provide an in-depth overview of the Health Policy and Planning Unit's role in the development of the Adolescent Report, the implementation process, the findings and application of the results. I will briefly highlight other individual and group projects that I had the opportunity to be involved in and help execute. I will discuss my initial learning objectives, how they altered over time, and my achievements. I will identify which Master of Public Health Program competencies were addressed during the implementation of the Adolescent Report and other projects. Lastly, I will provide a short reflection on my overall field work experience from a personal and professional viewpoint.

Introduction

San Mateo County Health System has identified the need to release data on the health status of its youth. The development of the Report was a collaborative effort among Health Department employees, the nonprofit organization StarVista, and County Youth Commission. The Report highlights that youth of color and low socioeconomic status experience lower levels

of educational attainment, consumption of fruits and vegetables, and use of alcohol, tobacco and other drugs. The key findings inform the Youth Commission's decisions on what type of policies should be developed and recommended to the Board of Supervisors.

Background

How Are Children and Youth Faring?

San Mateo County is ranked as one of the wealthiest counties in the United States. However, health is not evenly distributed across the population and there are communities that experience disproportionate levels of poverty, preventable disease, education, displacement, etc. (Community Health Needs Assessment [CHNA], 2013). The 2013 Community Health Needs Assessment of the San Mateo County Community highlights areas in the County that are healthier than others, the current conditions and trends of various health indicators, and to identify strategies and policy recommendations to meet the needs of the population. One of the key findings from the Assessment was that children in the County are not faring well. In 2013, the total population of San Mateo County was 741,680 with a total child population of 163,246 (California Department of Finance, 2013). In the same year, the California Department of Education (2014) reported that 33,347 public school students were eligible for free and reduced price meals, which is an indicator of poverty.

The California Department of Education's (CDE) data profiles illustrate the health disparities that exist between San Mateo County's diverse student populations of race, sex, socioeconomic status, and geographic location. In 2013, only 34% of third grade students scored proficient or higher on the English Language Arts California Standards Test, followed by African Americans at 35% (CDE, 2013). Tenth grade African American students had the lowest prevalence of passing the high school exit exam in math (CDE, 2013). Although the high school

drop-out rate in San Mateo County is 10.3%, African American students make up 19.3% of that population (CDE, 2013).

The California Healthy Kids Survey shows that the emotional and behavioral health of San Mateo County's youth is lowest among youth of color, attending alternative schools, and has low connectedness to the school or community. When asked the amount of days in which the public school students consumed alcohol in the past 30 days, 30.6% of non-traditional (alternative), male students reported 3-9 days (Wested, 2011). Lifetime cigarette use of 7 or more times was highest among Native Hawaiian/Pacific Islander students followed by American Indian/ Alaska Natives. Fifteen percent of students who reported using recreational prescription drugs 7 or more times, had a low level of connectedness to school. In 2011-2012, a total of 14 youth suicides were recorded and 8 of those deaths were youth between the ages of 20-24 (California Department of Public Health [CDPH], 2014). According to the California Department of Public Health (2013), of the 80 self-inflicted hospitalizations that occurred in 2012, 43 cases involved youth between the ages of 16-20.

Health Policy and Planning: Get Healthy San Mateo County

The Get Healthy San Mateo County Task Force (Get Healthy) is a result of the 2004 Healthy Communities: A Community Health Improvement Initiative to Eliminate Health Disparities, which was established by County Board of Supervisors. HPP is guided by a framework that engages primary preventative measures and building health equity. The Health Policy and Planning (HPP) Division of the San Mateo County Health System leads Get Healthy San Mateo County through collaborative efforts with individuals, communities and organizations to identify strategies that will minimize and prevent obesity and other health risks related to unhealthy eating and sedentary lifestyle among all children in San Mateo County. Health Policy

and Planning focus on several health inequities to improve the health conditions of San Mateo County's children. After School and Childcare Wellness, Healthy Food Access, Healthy Local Land Use/Built Environment and School Wellness are the major areas that HPP focus on to reduce health disparities and build health equity. The scope of my fieldwork experience can be narrowed down the School Wellness sector of HPP.

One of the main educational efforts that HPP has recently launched is the *Choose Healthy Drinks* awareness campaign. The campaign focuses on three of the County's cities, South San Francisco, San Bruno and Daly City, because they have the highest rates of obesity at 47%, 43%, and 39% respectively. Advertisements that demonstrate the amount sugar packets in a bottle of soda are posted on billboards, corner stores, and in Bart Stations.

Every fall, Get Healthy awards a total of \$100,000-\$150,000 in funding to community and faith-based organizations, nonprofits, cities, and schools in San Mateo County for place-based primary prevention and health equity efforts and projects. Get Health is interested in funding projects that address increasing healthy food and beverage access, altering the built environment or transportation from a health perspective, and improving the food and physical activity environment in schools.

The Adolescent Report can be used to evaluate the status of youth in San Mateo County and identify the health indicators that the most impact on their wellbeing. The application of the results is used to develop policy recommendations by the Youth Commission who presents their findings and recommendations to key stakeholders and the Board of Supervisors. Each report highlights the policies that have been enacted or those that have been removed to increase the quality of health among youth.

Implementation of the Adolescent Report

In November 2014, I began interning at the County of San Mateo Health System's Health Policy and Planning (HPP) division under the guidance of my current fieldwork preceptor Justin Watkins, MPH. He is the Community Health Planner that focuses primarily on school wellness efforts and governs school wellness committees. Between the fall and early spring, my only focus was to be introduced to the County Health System, its role and contributions to the health of San Mateo County residents, and understanding the work of Get Healthy San Mateo.

After six months of interning with the Health Policy and Planning division, I had a clear plan on what type of goals and objectives I wanted to accomplish. My first goal was to participate in the completion of the Adolescent Report publication. I had developed over 200 graphs in Excel and the set was narrowed down to less than 100 graphs. I wanted to know how those graphs were going to be interpreted and used in the future. My second goal was to support high schools in implementing breakfast in the classroom programs. Before I could provide any support, I had to identify successful implementation strategies that have been used in high schools. I was assigned the tasks to develop a literature review on the significance of breakfast in the classroom and develop a case study on the implementation of a breakfast in the classroom program. Lastly, I wanted to try to update the community profiles with current data, but it was replaced with creating profiles on the status of youth of color and low income youth in San Mateo County.

HPP is guided by prevention and health equity framework to develop and implement efforts that help residents maintain their health. To accurately identify the problems adolescents experience in San Mateo County, an Adolescent Report was produced. In response to the absence of data on the health status of the County's youth, the County's Board of Supervisors

established the San Mateo County Youth Commission in 1993, to represent the voice of youth throughout the County. The Youth Commission is an advisory committee to the San Mateo County Board of Supervisors, are funded by the Health Policy and Planning (HPP) Unit of the San Mateo County Health System, and housed under StarVista. The Youth Commission consists of 25 members, between the ages of 13-21, who reside or attend schools within the County. The Commission assumes the role of youth liaisons to the County Boards and Commission and work to ensure that policies and programs meet the needs of the County's youth.

The Adolescent Report is the final product of an extensive youth development project where youth create research questions, develop and administer a survey, collect and analyze data, and develop policy recommendations based on their findings. The Adolescent Needs Survey was developed by the 2011-2012 Youth Commission cohort, in collaboration with the Health Department, and the community. Schools within San Mateo County were approached for the dissemination of the survey to students and some students declined to complete the survey. In 2012-2013 the surveys were collected and data entry was completed by a third party, StarVista program coordinator, and several staff from the Health Department. The survey was physically distributed and a web version of the survey was made available via Survey Monkey.

Approximately 3300 surveys were collected and most of them were physically returned. The Youth Commission developed hypotheses that were tested using the chi-square test as all the variables were categorical or made categorical. The Health Department Epidemiologist tested the hypotheses and developed graphs in Statistical Analysis System (SAS). I performed basic SAS operations to clean data and develop new variables.

Results

The project was successfully completed because the publication was completed and printed on schedule. Although the graphs I created were not aesthetically sound, they were easy to interpret and read. It was not an easy task to learn how to make graphs in Excel because I hardly used Excel outside of this internship experience. One of the epidemiologists was considerate enough to give me a tutorial on creating graphs in Excel. She also introduced me to SAS and basic coding operations. I had cleaned data on high school names, developed new variables based on the geographical location of the schools (North County, Mid-County, etc.). She wanted to make sure that the data experience I had in this project was beyond simple data entry.

The publication was a project that was assigned by the Health Officer of the Health Department. He frequently met with the Youth Commission, StarVista program coordinator and Health System employees to determine which materials should be included in the publication. It was surprising to me how involved he was because I figured he would give an order and not be present since he was a high ranking employee. His presence helped bolster the capacity the groups had to meet the spring/summer deadline. Although it was a collaborative effort, some of the Youth Commission students did not attend all of the meetings. Unfortunately, I was unable to attend each meeting, but when I did it seemed as if there were new students participating each time. I did not feel that there was consistency from the Commission and the meetings were typically on the same day and time.

The process of putting this project together is viewed as a youth development project but the bulk of the work is completed by the Health Department. Certain phases of the project required more input from other partners, such as administering the survey, but the Health

Department used more of its resources to complete the publication. At times it was difficult to measure how this project helps youth develop life long skills especially when the group was consistent each meeting. There has been a debriefing on whether or not this project is the best youth development project and if there are ways to lessen the County's human resources.

The project is sustainable as long it is being funded by the Health Policy and Planning Division. This is the 3rd iteration of the publication, but the data was collected a few years ago, therefore, it does not provide recent data. Also, the Report can be used to inform policymakers, grant writers, programs, and people who perform youth work, but it can not be used as a reference because the of the convenience sampling method. It provides a glimpse into the health status of the County's youth but it is not credible. Information gathered from KidsData.org uses credible sources such as U.S. Census Data, California Healthy Kids Survey and other well-known resources.

Public Health Significance

The Adolescent Report uncovers the health status of youth, raises awareness on the importance of making decisions that affect the quality of their lives, and provides strong policy recommendations. The data may not be accurate, but it allows the Youth Commission to develop and prioritize policy recommendations that will be presented to the Board of Supervisors and the public. The Youth Commission presented their findings at wellness summits, youth conferences, board of supervisor meetings, and anywhere else they are welcomed. The development of policy recommendations allows the Health Department to identify ways they can support the implementation of a policy and disseminate the information as well.

There are few lessons that can be learned from this project. One, the Health Officer determines which projects have the highest priority. When I first started working with my

preceptor, I was researching universal daycare programs for the Big Lift initiative. I was in the process of determining the average cost of childcare and calculate the cost families have to earn to afford childcare and rent/mortgage. As a mom, I was highly interested because it would be an amazing opportunity for my child to attend a high quality daycare and be in an enriching environment for low-cost or free of charge.

The organizational structure affected the outcome of the project because everyone working on this project were only employed at the Health System for approximately five months. It was difficult to identify who would take lead and direct orders, organize the structure of the publication, and communicate the purpose of the publication. I found it quite difficult to explain my role in the development of this publication for a couple months until I started to speak with others who shared the same sentiments. At that moment I realized it was time to have a conversation with my preceptor and other employees heavily involved in the project.

It would have been ideal to receive a crash course in Excel and SAS instead of relying on an epidemiologist who had a large workload. It eventually worked out and I am proud to say that I can create a table and graph the data using various styles. My work in the publication influenced the HPP manager to ask me to complete a pre-test analysis. I have never written an analysis report based on statistical data and luckily a pre-test analysis was written months earlier. One of the main lessons I learned from completing the projects was to always ask and not be afraid to accept help.

The application of the results will not only be used in conferences and Board meetings, but HPP staff noticed the health disparities youth of color and low socioeconomic status experience in all areas of health. The application of the results from the Adolescent Report will be used to determine which indicators to examine when developing facts sheets. Each fact sheet

will provide data on youth of color and low-income based on indicators aligned with GetHealthy, such as physical activity and nutrition. Data gathered will be used from U.S. Census, California Department of Education and peer-reviewed literature. It is important to raise awareness of this population because they live in one of the most affluent counties in America. Their zipcode should not determine their quality of life.

Competencies Addressed

I was unable to achieve every learning objective I initially had planned, but I managed to complete one of my goals, which was based on the Adolescent Report. I wanted to know how the Report was going to be used to further school wellness efforts and the mission of the Youth Commission. I was able to attend a wellness summit that had the Commission present their findings to a diverse audience of people from school districts, organizations, hospitals, etc. I created a presentation on the process overview and key findings of the Report for the Community Health Planner, StarVista program coordinator, Epidemiologist and myself to present to the entire Health Policy and Planning staff. The Report has lead HPP to take action and recommended that youth fact sheets should be available on their website. I am in the process of developing drafts on physical activity and Free and Reduced Price Lunch Participation.

The USF MPH Program competencies that were addressed during the implementation of this project were to assess, monitor and review the health status of the youth population and their related determinants of health and illness; critically assess public health literature utilizing both quantitative and qualitative sources; and utilize the proper statistical and epidemiologic tools to assess community needs and program outcomes. KidsData.org serves as an ultimate data collection site that uses Census Data, California Healthy Kids Survey results, and other literature to provide quantitative data on the health status of youth in this county as well as other counties

in different states. I accessed this site to export data into Excel tables then create graphs each of the health indicators that were chosen by the Health Officer and Youth Commission. I was assigned the task to write a pre-test analysis on the knowledge of Health System Leadership Academy Participants, which included summarizing and categorizing qualitative data. SAS was used to test the hypotheses developed by the Youth Commission in relation to the adolescent needs survey. I did not contribute to that analysis plan, but provide supplemental assistance to coding the schools as variables.

One of the goals I did not achieve in its entirety was supporting schools in implementing breakfast in the classroom. However, I achieved the learning objective of identifying best practices for implementing breakfast in the classroom programs in different levels of education. I found that breakfast in the classroom models was primarily effective with elementary students rather than high schools students. My challenge was identifying successful programs that have gained wide acceptance from high school students, teachers, and food service staff. The purpose of the program was to ensure that each student had the opportunity to eat breakfast in the morning without being rushed or due to financial circumstances. This addresses the social and behavioral knowledge area because we are trying to promote the adoption of a healthy behavior change among the students. The pre-test analysis addressed the core knowledge area of Biostatistics because the purpose was to identify the average score of responses on the knowledge, strengths, and areas of improvement for Health System leaders and managers. The output of the average scores came from SAS.

One of the main interdisciplinary values that I applied during the course of the Adolescent Report was communication and informatics. KidsData was collected, organized and managed by me so that I can present it in a way that it can be interpreted and communicated by

people from various disciplines. After exporting data into Excel, I had to manipulate the data based on the preferences of the Youth Commission and Health Officer.

Conclusion

In November 2014, I received my first public health job with the County of San Mateo Health System's Health Policy and Planning Division. The end date for this term was suppose to be June 2014, but the manager extended my position until further notice. This rewarding opportunity has helped me acquire technical skills, a clearer understanding of health equity and prevention, and advocacy and policy development. As a graduate intern working alongside the School Wellness Community Health Planner, I gained insight to the political structures that govern school districts, funding resources, and support that the county extends to reduce childhood obesity and inactivity.

The Adolescent Report helped me acquire basic skills in SAS coding and creating graphs, identify the purpose of disseminating data/information to the public, and ways to present data to key stakeholders and decision makers. After learning about community-based participatory research, I realized that this project used concepts from this approach by allowing youth to develop a survey, administer it, and perform data collection and analysis. I have been grateful for the projects that I have been given outside the scope of my learning objectives because each project have rewarded me with practical, life long skills. Working within the County Health System has helped me develop new relationships with public health professionals from diverse areas within the field of public health.

References

- California Department of Education. (2011). *California Healthy Kids Survey*. San Francisco, CA: WestEd
- California Department of Education. (2013). *California High School Exit Examination (CAHSEE) Research Files*. Retrieved from, <http://cahsee.cde.ca.gov/datafiles.asp>.
- California Department of Education. (2013). *California Longitudinal Pupil Achievement Data System (CALPADS)*. Retrieved from, <http://www.cde.ca.gov/ds/sd/sd/filescohort.asp>.
- California Department of Finance. (2013). [Race/Ethnic Population with Age and Sex Detail, 1990-1999, 2000-2010, 2010-2060](http://www.dof.ca.gov). Retrieved from, <http://www.dof.ca.gov>.
- California Department of Education. (2013). *Standardized Testing and Reporting (STAR) Results*. Retrieved from, <http://star.cde.ca.gov/>.
- California Department of Public Health. (2014). *Death Statistical Master Files*. Retrieved from, <http://www.cdph.ca.gov/data/dataresources/requests/Pages/VitalStatisticsBirthDeathFetalDeathMarriageData.aspx>.
- California Department of Public Health. (2014), *Office of Statewide Health Planning and Development, Patient Discharge Data*. Retrieved from, <http://www.oshpd.ca.gov/HID/Products/PatDischargeData/PublicDataSet/>.
- Kaiser Foundation Hospital South San Francisco Service Area. (2013). *Community health needs assessment*. San Jose, CA: Applied Survey Research.

Appendix

Health Policy and Planning: Timeline of Fieldwork Projects

Summer 2014: May-August

May 2014	June 2014	July 2014	August 2014
Organize the components of the Adolescent Report	Attended Redwood City School District's Wellness Council Meeting to revise a drafted wellness policy for the upcoming school year	Worked with the Supervising Epidemiologist and Director of Health Policy and Planning to receive instructions on the Pre-Test written Analysis for the Health System Leadership Academy	Met with a Public Health Educator who focuses on Tobacco Initiatives within San Mateo County for an informational interview.
Research Breakfast in the Classroom Models, Barriers and Cost Analysis	Presented the Adolescent Presentation at the staff meeting	Attended a Ride Along with the HIV/STD mobile prevention unit.	Met with an intern from the Chronic Disease and Injury Prevention Department
Access Data on Food Insecurity	Attended tours of different departments within San Mateo County: Correctional Facilities, Dispatch, Court System, etc.	Had an interview with the SFGH Community Wellness Program for a Wellness Navigator position	Began working on youth of color and low income status fact sheets for San Mateo County.
Collaborated with the Community Health Planner and Epidemiologist to develop a presentation on the overall process of the Adolescent Report.	Participated in a mock interview with a Human Resource Analyst		
Identified key findings from the Report related to the mission of Get Healthy			
Searched for Breakfast in the classroom models that are successful with high school youth			