Chicago Public Schools: An Academic Practice Partnership

Sexual Health Education Outcomes

Figure 1. Chicago Public Schools Student Sexual Health Education Pre- and Post-test Mean Scores (n=2,112)

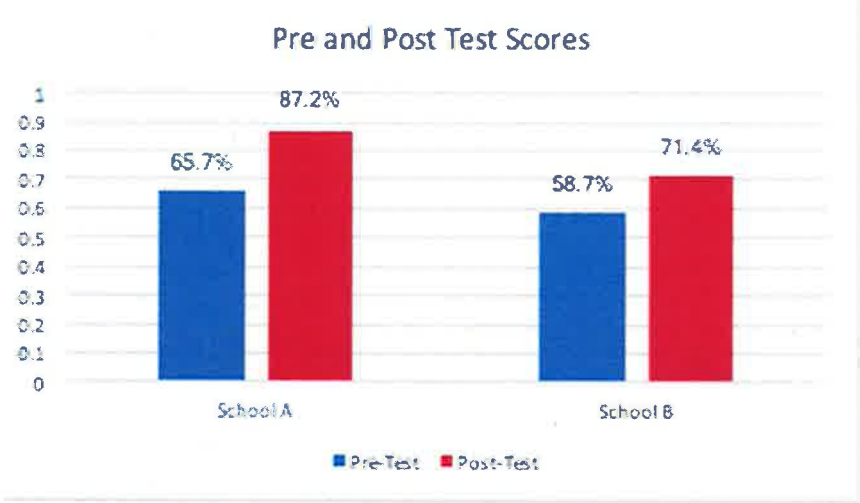

Table 1: Chicago Public School Student Quotes
"I learned a lot in sex ed throughout the weeks. I'm going to miss our sex ed teachers. They were nice and smart. In sex ed, I learned that AIDS can be transmitted through blood, semen, breast milk, and vaginal fluid."
"I learned that birth control pills don't protect against STIs."
"My health goal is to talk to my parents about what I learned"
"I learned to not let my partner pressure me into having sex"

Table 2: Rush University College of Nursing Student Quotes
" . . . has opened my eyes to what Chicago is like outside of the skyscrapers, lights, and perfect hospital setting. I will cherish this experience through my career as a nurse"
"I'm going to miss the kids! Teaching was a really good opportunity, in that it pushed me outside of my comfort zone and challenged me. Patient teaching is a huge part of nursing, and one that I'm enthusiastic about, but I felt like I needed-- and received-- more practice"
"Interacting with students gave us a perfect opportunity to practice our communication skills. Not only did we have to explain concepts in simple language that the students could understand, but we also need to plan the lectures to fit their needs and interests while still adhering to the CPS curriculum"

Health and Wellness Policy Outcomes

Figure 2. Facilitators of and Challenges to School-level Policy Implementation

Figure 1: LearnWELL Data Analysis Categories and Themes

Table 3. Delphi Results

	Research Aim	Survey Method	Response Rate	Major Findings	Implications for Next Round
Round 1	To gain expert opinion on what is important to know about 18 topics on a school health and wellness policy implementation survey	RedCap, 19 open-ended questions	95% n=19)	42 themes identified *Example: Wellness Team Category themes included: composition of team, meeting frequency, role of team, influence of team*	Wide variety of expert ideas created the need to narrow focus of survey questions
Round 2	To gain expert opinion on a) accuracy of round one data analysis and b) importance of item inclusion on a school health policy implementation survey	Excel, 324 total items, within 16 categories, each ranked 1 - 4 on accuracy and importance	90% (n=18)	Average accuracy ranking: 3.52 Average importance ranking:3.47	High accuracy and importance rankings did not narrow the number of possible survey items
Round 3 (first draft of final survey)	To gain expert opinion on a) the readability of and answer options for each survey question and b) importance (by rank order) of each survey question	Qualtrics, 85 survey questions within 12 categories, each open for comment on readability, answer options and format, and ranked for importance within each category	80% (n=16)	Edits suggested on 100% of items	High volume of feedback on individual items required in-depth editing of individual survey questions
Round 4 (second draft of final survey)	To gain expert opinion on clarity and format of survey questions and answer options	Qualtrics, 65 survey questions, each question and set of answer options open for comment on clarity, readability and format	70% (n=14) *60% (n=12) completed all 4 Rounds*	**FINAL RESULTS** A 76-item survey with questions in the following categories: Leadership in Wellness, Physical Education and Activity, Nutrition and School Food, School Gardens, Health Education, Sexual Health Education, Chronic Conditions, and Pre-kindergarten	

- Newly developed survey was sent to 659 CPS schools in April 2019 for completion.
- Environmental audits will be completed at 24 schools by June 20, 2019.
- Comparison between survey results and audits will determine survey edits.
- Survey will be edited and available for use by other large urban school districts for 2019-20 school year.

Teen Pregnancy and Adverse Childhood Experiences: A Study of Risk and Protective Factors

Aim 1: To describe pregnancy rates by population demographics for 9 - 12th grade public school students in the following categories: sex, grade level, ethnicity/race, and sexual orientation.

Aim 2: To measure the association between the number of ACE on adolescent reproductive health behaviors/outcomes (pregnancy, age at first sex, number of lifetime sexual partners, condom use, birth control use) for 9th – 12th grade public school students.

Aim 3: To identify mediators between ACE and teen pregnancy. Analysis of mediators will include: age at first sex, number of lifetime sexual partners, condom use, birth control use, presence of a supportive adult, preventative healthcare utilization, reproductive health education from a healthcare provider, and sexual health education.

Strengthening Child and Adolescent Health in Chicago: The Role of the School Nurse

Aim 1: Describe school nurse-sensitive, student health outcomes within CPS (secondary data analyses of YRBS and other existing databases).

Aim 2: Identify gaps in school nursing care, as identified by school nurses, school administrators, teachers, staff, and parents/guardians (focus groups and stakeholder interviews).

Aim 3: Describe the resources needed to improve school nursing in CPS, as identified by school nurses, school administrators, teachers, staff, and parents/guardians (focus groups and stakeholder interviews).

Aim 4: Develop a proposal for improving school nursing services in CPS, including policy and practice-based approaches.

Exemplar: Academic-Practice Partnership

Rush CON and Chicago Public School System: Improving Adolescent Health Together

Practitioner-teacher model is the cornerstone of the Rush CON and to support this work, we have developed academic-practice partnerships with many sites to unify education, research, and practice.

The Rush CON – **CPS** partnership began back in 1996 with the SBHCs and this particular project, the sexual health and wellness policy implementation, started in 2012.

Academic-Practice partnerships are intentionally formed, mutually beneficial, and built on a foundation of shared vision (Lead healthcare transformation through innovative nursing education, practice, research, and scholarly inquiry), mutual goals, respect, and trust. While it is not always easy to overcome some challenges, this particular partnership is sustainable, growing, and easily replicated.

Heide will speak to the specific academic-practice outcomes but in more general terms, the benefits for the College are:

- clinical sites for students
- scholarship/research for students and faculty,
- capstone/DNP project site implementation,
- and the chance for students to explore non-traditional nursing roles aimed at improving health and reducing health disparities.

CPS students:

- empowered (knowledge and skills) to engage in evidence-based health promotion and disease preventions strategies to improve their own health, and
- subsequently their school attendance/performance.

For the schools:

- implementation of health and wellness policies at no cost
- may lead to positive social outcomes/decreased absenteeism which is tied to funding

For society:

- for every dollar spent on sexual health education $2.65 is saved with reduce STI, and reduced teen pregnancy rates.

Sexual Health Program

Background: In 2012 – Chicago had the highest rates of GC and the second highest rates of Chlamydia and syphilis among adolescents in the nation, were more likely to engage in sexual activity before age 13, and had teen birth rates 1.5 times the national average. So Illinois General Assembly passed legislation that required the use of medically accurate, evidence-based, developmentally appropriate content at schools that receive funding and teach sexual health. As a result of these statistics and this law, CPS revised the sexual health education policy to include all schools – but how to implement this??

- 2013 - A Rush APRN student helped write the sexual health curriculum for CPS based on the CDC guidelines.
- Two GEM capstone students piloted teaching the content in the classroom.
- A year later, in 2014, we piloted it as a clinical group in a combined WH/PH clinical course.

Results of this pilot showed it was indeed feasible, effective, and meaningful
Rush CON student survey:

- Met course objectives
- Increased students comfortability with teaching these sensitive topics
- Feel that the experience is applicable to their future nursing role
- Assisted with learning the didactic content of the PH course and WH course
- Helped them to understand the role of the nurse in a non-hospital setting
- Were very to extremely likely to recommend this opportunity to other students
- Movement to competence and expert levels of Benner's Model of skill acquisition

Anecdotal comments reflected increased awareness of:

- Culture: Increased cultural awareness (many pictures were only of Caucasian adolescents, learned more about LGBTQ cultural competency skills, emphasized African American statistics as our class was 100%AA, taught 6th grade content to 7th graders who performed so poorly on the pre-test…)

- Social Determinants of Health: no money to buy condoms, access to care was an issue for many students, resources not always used (eg., dental van) because of lack of parental involvement, Community Assessment/ Windshield Survey was so important to learn about community resources or lack thereof