Sunnyside School District

Community Health Assessment Snapshot

In 2021, the Project AWARE (Advancing Wellness and Resilience in Education) Evaluation Team conducted a Community Health Assessment to highlight the needs and strengths of the district's region. The assessment includes voices from community members, parents, students, and school staff.

Aware **Respond** **Connect**

Project AWARE Goals

- ✓ Increase awareness of mental health issues among youth through delivery of school-based services and supports.

- ✓ Train school staff to detect and respond to mental health issues.

- ✓ Connect youth and their families to needed services.

Demographics: District Region
Yakima Co., WA

49%
Residents of Hispanic/ Latinx origin

- ✓ **Yakima County Population: 249,697**
- ✓ **District Regional Population: 26,189**
- ✓ **District Enrollment (Oct. 2020): 6,723**

In Brief

The district is located in Yakima County, WA., that is situated on the original land of the people of the Confederate Tribes and Bands of the Yakama Nation.

Over the past decades, the district's region has lagged the population growth of the county and the state. A relatively young population make up the district and its surrounding communities. Most residents are of Hispanic/Latinx origin and are predominantly Spanish speaking.

Community connectedness and family are at the top of the list of community strengths for all assessment participants.

Spanish speaking
70%
Yakima Co.: 40%
WA: 9%

30%
People living with less than $33,125/year
Yakima Co: 25%
WA: 14%

Median household income
$78,700 WA | $55,700 Yakima Co | $45,900 Hispanic | $57,400 White

55%
Residents foreign born
Yakima Co: 24%
WA: 14%

Hispanic/Latinx
Students **93%**
Teachers **34%**
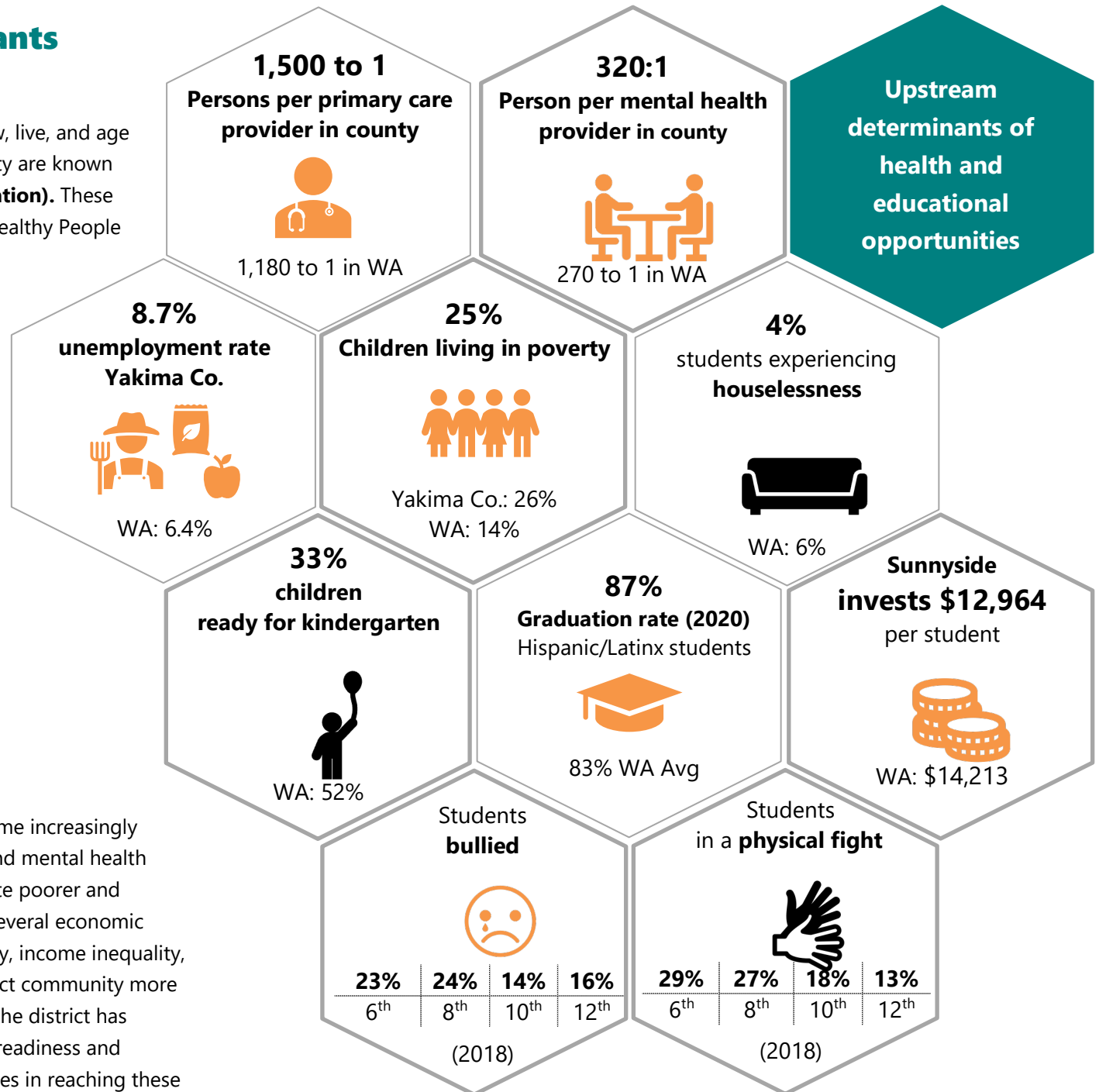
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What are social determinants of health?

The conditions in which people are born, grow, live, and age shape both health and educational opportunity are known as **social determinants of health (and education).** These are grouped into five domains according to Healthy People 2030 (US Department of Health):

✓ Health care access and quality
✓ Economic stability/wellness
✓ Education access and quality
✓ Neighborhood and built environments
✓ Social and community contact

"There has been a drastic change in the way mental health can be accessed with medical coupons. Before one could use them, but now, the doctor must refer to a counselor. They make an appointment for you for an evaluation, and it may take two to three months. What is the point then? That is something very wrong with the system." – Sunnyside Parent

In Brief

Access to healthcare in the county has become increasingly worse, with a shortage of both healthcare and mental health providers. Identified health inequities indicate poorer and worsening quality of life among residents. Several economic disadvantages, including economic instability, income inequality, and higher rates of poverty impact the district community more so than the county and the state. Although the district has experienced improvements in kindergarten readiness and graduation rates overtime, there are inequities in reaching these educational milestones among groups of students.

1,500 to 1
Persons per primary care provider in county

1,180 to 1 in WA

320:1
Person per mental health provider in county

270 to 1 in WA

Upstream determinants of health and educational opportunities

8.7%
unemployment rate Yakima Co.

WA: 6.4%

25%
Children living in poverty

Yakima Co.: 26%
WA: 14%

4%
students experiencing **houselessness**

WA: 6%

33%
children ready for kindergarten

WA: 52%

87%
Graduation rate (2020)
Hispanic/Latinx students

83% WA Avg

Sunnyside invests $12,964 per student

WA: $14,213

Students **bullied**

23%	24%	14%	16%
6th	8th	10th	12th

(2018)

Students in a **physical fight**

29%	27%	18%	13%
6th	8th	10th	12th

(2018)

Mental & Behavioral Health and Well-Being

Mental and behavioral health and well-being

Most pressing issues among youth

Students reporting excessive worrying

41%	49%	60%
8th	10th	12th

(2018)

Students reporting depression

36%	37%	44%
8th	10th	12th

(2018)

391
The number of 8th and 10th grade students who seriously **considered suicide**

(2018)

Barriers to mental health care:
access to providers
lack of awareness
communication
coordination
lack of staff training

"I think that some of the systems that we have in place here are strong systems, but we just don't have maybe the knowledge or expertise or manpower to kind of serve the kids the best we can."
—School staff member

Students who attempted suicide

13%	14%	10%	10%
6th	8th	10th	12th

(2018)

Mental health disorders are prevalent among school-aged children (aged 13-16) with approximately **one-in-five** impacted by a diagnosable mental health or learning disorder (CDC, May 2013).

Teachers and other adults in schools have important health and wellness needs, too. In fact, in mid-July 2020, 53% of adults surveyed reported that their mental health had been negatively impacted because of worry and anxiety over the COVID-19 pandemic (Kaiser Family Foundation).

"There is still a little bit of stigma around mental health. It would help if more adults talked about mental health, it would make it easier for the kids to talk about it." Sunnyside Student

"In Hispanic communities there is machismo. If you go to the counselor, it is because you are crazy." Sunnyside Parent

In Brief

These findings show a disturbing trend of increased mental and emotional stress among district students in 2018, including a rise in excessive worrying and anxiety across grade levels. Even more troubling is the percentage of youth who acknowledge symptoms of depression–from 36% to 44%–as well as unchanged levels of suicide ideation across grade groups. In fact, one-in-ten or more 6th, 8th, 10th, and 12th grade students reported attempting suicide in 2018. While approximately half of 10th and 12th grade youth reported receiving information on signs of suicide or help seeking during the school year, this was true for only one in four 8th grade youth. All parents, students, and school staff who spoke with evaluators shared that young people face barriers accessing mental health care. They acknowledged that teachers, other school staff, and parents/caregivers have important health and wellness needs, too. The main issues facing the district community include stigma and awareness, access to providers, lack of coordination, and absence of a multi-tier systems of support.

SELECTED IDEAS FOR IMPROVEMENT

CULTURALLY & LINGUISTICALLY RESPONSIVE

Design culturally and linguistically responsive services and support.

- ❖ Include both **student and parent voices** in the design, selection, implementation, and evaluation.
- ❖ **Reduce linguistic isolation** for those families with limited English abilities.
- ❖ Create opportunities for systems and providers to offer and to expand access to **healthcare and educational services in Spanish**.
- ❖ Provide training opportunities for the community and families that meet the **daily life (e.g., farm work)** of the community.
- ❖ **Support and build upon existing protective factors,** across domains, to ensure that youth are ready and able to overcome challenges and are successful academically, personally, and professionally.

EQUITABLE

Consider factors such economic instability, income inequality, and racial inequities.

- ❖ **Consider the societal, environmental, and logistical barriers** facing youth and families when embedding community-based services and supports within the school system.
- ❖ **Keep equity at the center** when implementing supports to meet the needs of a diverse array of youth, whether those learning through special education, or ELL programming, or facing challenges outside of school such as high mobility (migrant) or houseless conditions.

PRIORITY POPULATIONS

Prioritize populations disproportionally affected by low educational attainment, engagement, or disciplinary actions.

- ❖ Embed not only a **robust set of positive school-wide behavioral expectations** (enforced fairly and consistently) but also ensure **on-going social-emotional skill building** for all youth.
- ❖ Consider selective **(Tier 2) and individualized (Tier 3)** interventions that can increase pro-social behavioral support for youth that may be at increased risk for, or already involved in gang-related activity, as well as their families.
- ❖ Continually **use data** in decision making to identify those youth most at risk of a mental health crisis.