

Use of Local Data Monitoring for Special Populations

Implications for Military-Connected School Districts

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During the last decade, local districts, states, and national organizations have started elaborate surveillance systems, indicator systems, local crime mapping programs, and survey modules to monitor student risk and health-related behaviors. Such surveillance is the backbone of the public health approach to promote health, resiliency, and empowerment and prevent risk behaviors. It reveals the magnitude of a problem, tracks it over time, and uses the information gained from monitoring to help shape actions to prevent public health problems. Such monitoring systems have the potential to provide schools and districts with the information required to formulate policies and make program decisions based on local data. Not only are local data monitoring systems critical for entire school/district populations but they are also useful in providing needs assessments for special populations within schools.

Military-related life events such as parental deployment, reintegration, war related illness, and trauma have been found to negatively influence academic, socio-emotional, and psychological outcomes among military-connected (MC) children. Given the findings of the extant literature and the probable hardships faced by MC youths, a regional consortium titled [Building Capacity in Military-Connected Schools](#) was developed. The building capacity initiative represents a partnership between the [University of Southern California \(USC\)](#) and eight MC school districts that seek to change school climates so that military and nonmilitary students will feel more welcomed, connected, and academically supported in their schools.

The nation's largest continuous school public health surveillance system is the [California Healthy Kids Survey \(CHKS\)](#). The survey was originally funded by the California Department of Education (CDE) to meet the requirements of [Title IV of No Child Left Behind](#) and in response to federal requirements that schools implement the principles of effectiveness—to collect and use data to assess student needs, justify program funding, guide program development, and monitor progress in achieving program goals. In mandating the survey, CDE aimed to promote accountability and data-driven decision making to improve health and prevention programs in schools. [WestEd](#)—a nonprofit research organization—and the CDE implement the data collection plan for the CHKS. The CHKS collects data via separate surveys from students, parents, and school staff. The Building Capacity consortium leveraged this existing surveillance system by developing new modules that included items that identify whether students or parents are associated with the military. These items enable comparisons between MC students and parents and their peers across many domains that are already captured in the existing surveys. In addition to a military module for youths in schools, new modules were developed and added to the surveillance system that also focused on school staff perceptions of issues that have special relevance to MC children.

The results of the surveys provided an opportunity for each district and school to assess student, parent, and staff needs in several critical areas. Themes that were identified as being a priority by districts included bullying, threat assessment, and mental health interventions in schools. Following data dissemination, face-to-face meetings with 140 principals and six thematic workshops were conducted with over 300 school professionals in attendance. In addition, several schools and districts implemented new programming that was dedicated to addressing the needs of MC students who were identified through the CHKS. Other schools are considering policies to support parents and prepare staff to better address the needs of MC students. With the creation and implementation of a data monitoring military survey module, school districts now have the ability to make data-driven determinations of evidence-based best practices that will help them create safer school environments, especially for their military students. This will allow districts to develop tailored and targeted data-driven programs, policies, and interventions based on the shared concerns and unique situations of each school.

The *full study* is in Tamika D. Gilreath, Joey Nuñez Estrada, Diana Pineda, Rami Benbenishty and Ron Avi Astor, *Development and Use of the California Healthy Kids Survey Military Module to Support Students in Military-connected Schools, Children and Schools* (2014), 36 (1): 23-29.

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