

Contributions to Policy Implementation Evaluation to Lead and Renew Practice

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ORSIMPACT

Sociocultural Determinants of Concussion Policy Implementation in Virginia Public Schools

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Disclosure Statement



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Agenda



- Background
- Methods & Findings
 - Cluster Analysis
 - Policy Content Analysis
 - Stakeholder Interviews
- Recommendations & Conclusions



Concussions

- Concussions are an established **public health** concern
 - Incidence rates
 - Long-term outcomes
 - Position statements
 - Media
- Medical **best practices** dictate standard
 - Theory ahead of practice
 - Policy aligns practice to theory



School Health Policy



- 2010 **all states and DC** passed laws on injury management
- Unfunded mandate
- Medical clearance required to **return to participation**
- Amendments in **2014 & 2016**

Virginia Board of Education Guidelines For Policies on Concussions in Students

Senate Bill 652, the **2010** General Assembly
Code of Virginia § 22.1-271.5

House Bill 410 & Senate Bill 172, the **2014** General Assembly
Code of Virginia § 22.1-271.5

House Bill 1096, the **2014** General Assembly
Code of Virginia § 22.1-271.6

and

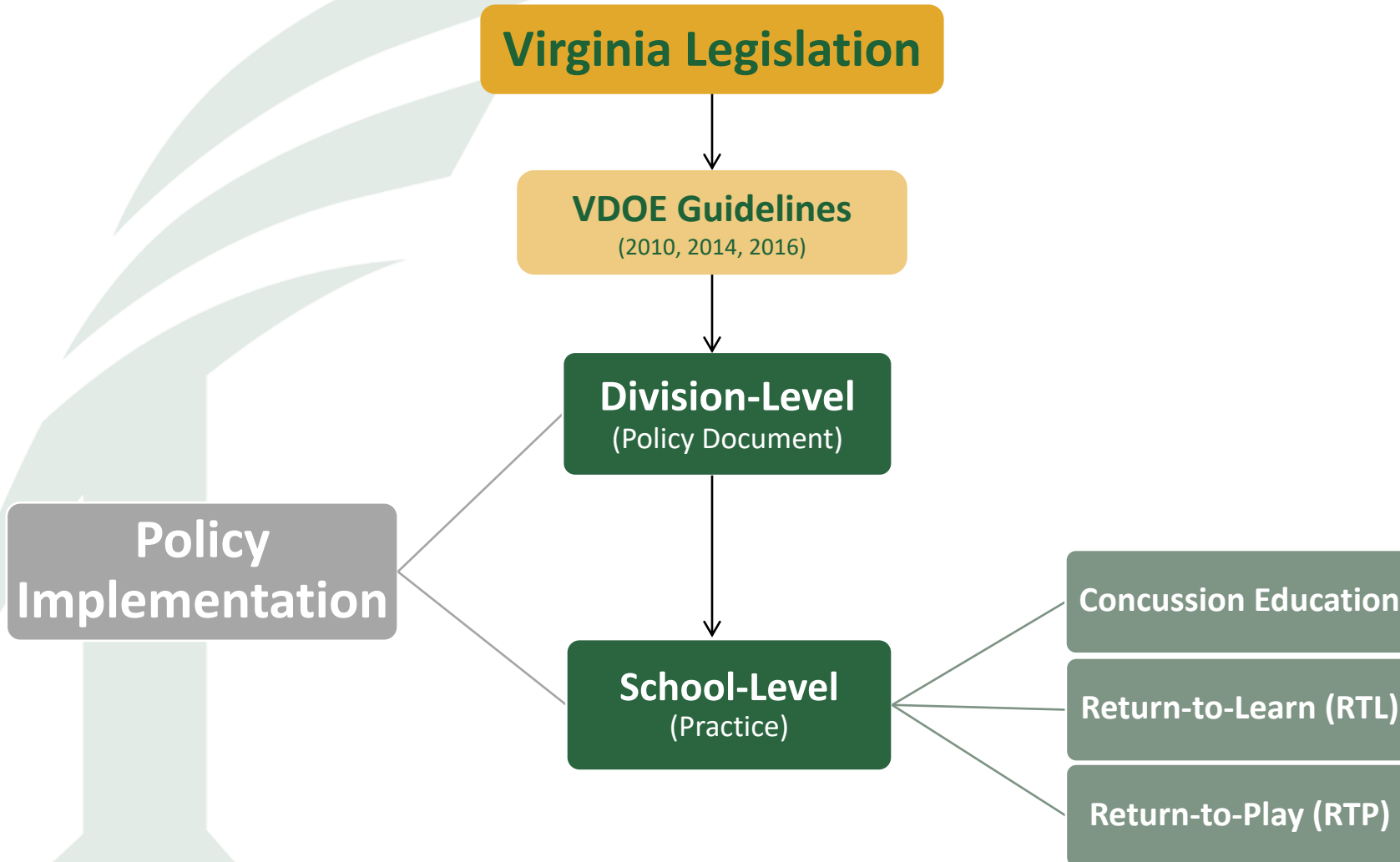
House Bill 954, the **2016** General Assembly
Code of Virginia §§ 22.1-271.5 and 22.1-271.6

Cultural Shift in Schools

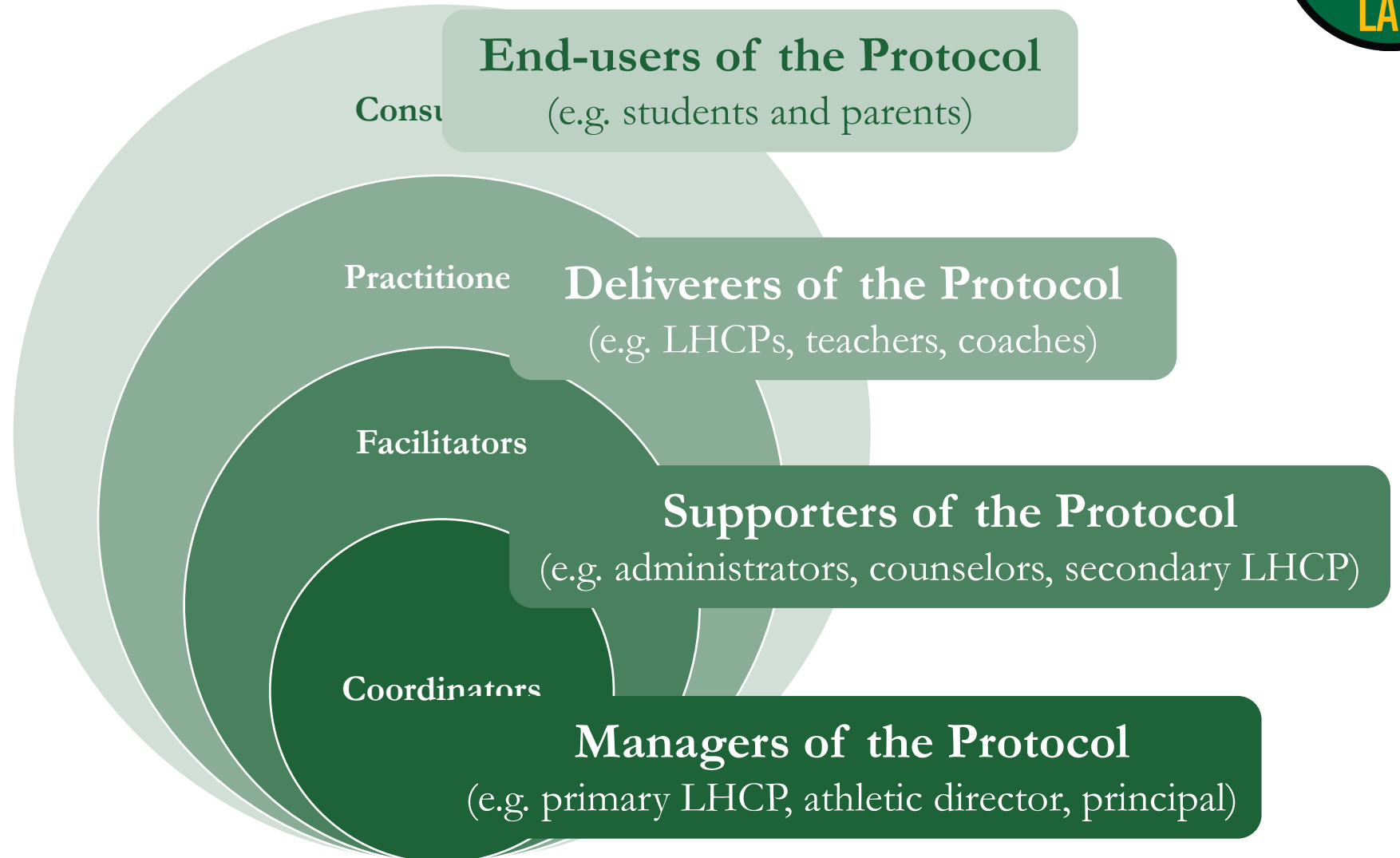


- Concussions can happen:
 - Anyone
 - Anywhere
 - Anytime
- School environment and demands not ideal for recovery
- Impact on **academic achievement**

Policy Implementation



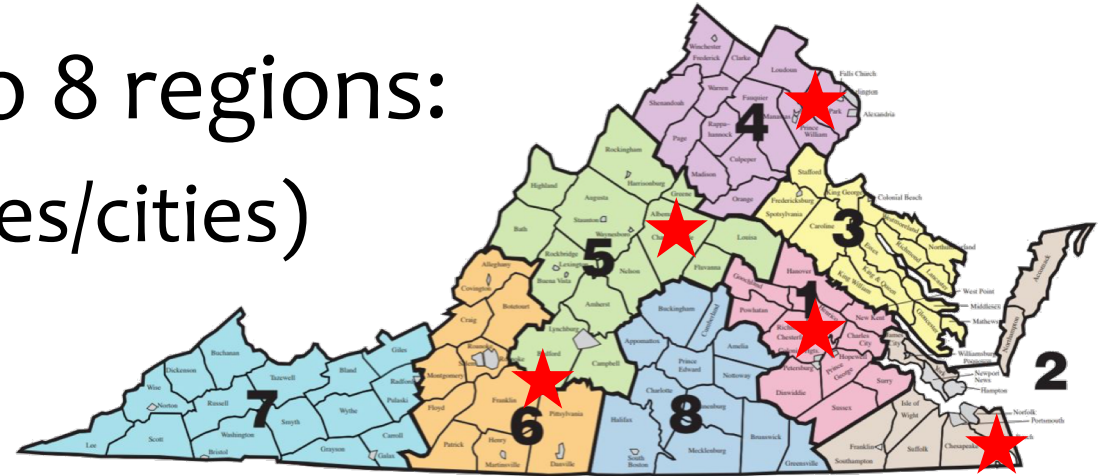
Key Internal Stakeholders



Virginia Demographics

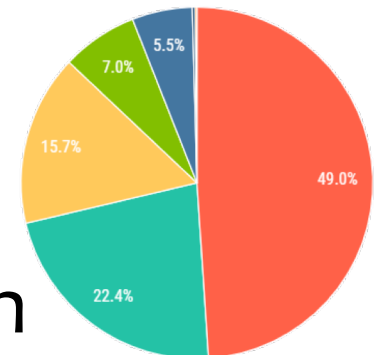


- VDOE categorizes state into 8 regions:
 - 131 schools divisions (counties/cities)
 - 316 public high schools



- **Economic and Cultural Diversity in Virginia**

- Median household income = \$61,782, despite wealthy Northern VA (\$104,350)
- Difficult to standardize policy implementation



■ Black ■ Hispanic ■ White ■ Asian ■ Two or more races ■ American Indian ■ Native Hawaiian

Local Access and Ability



- Explore association between quality of policy implementation, concussion management practices, and social determinants of health


- **Measures of Local Ability-to-Pay**

- Composite Index Score (CIS)
- Free and Reduced Lunch Percentages (F/R%)

Category	State Average
CIS	0.3867
ADM	908
F/R%	44%

Cluster Analysis

- K-means Clustering method to explore division clusters
 - Composite Index Score (CIS)
 - Free and Reduced Lunch Percentage (F/R%)
 - Average daily membership (ADM) of schools
- Pearson's product-moment correlation coefficient between CIS and F/R% is $r = -0.266$ ($p = 0.002$)



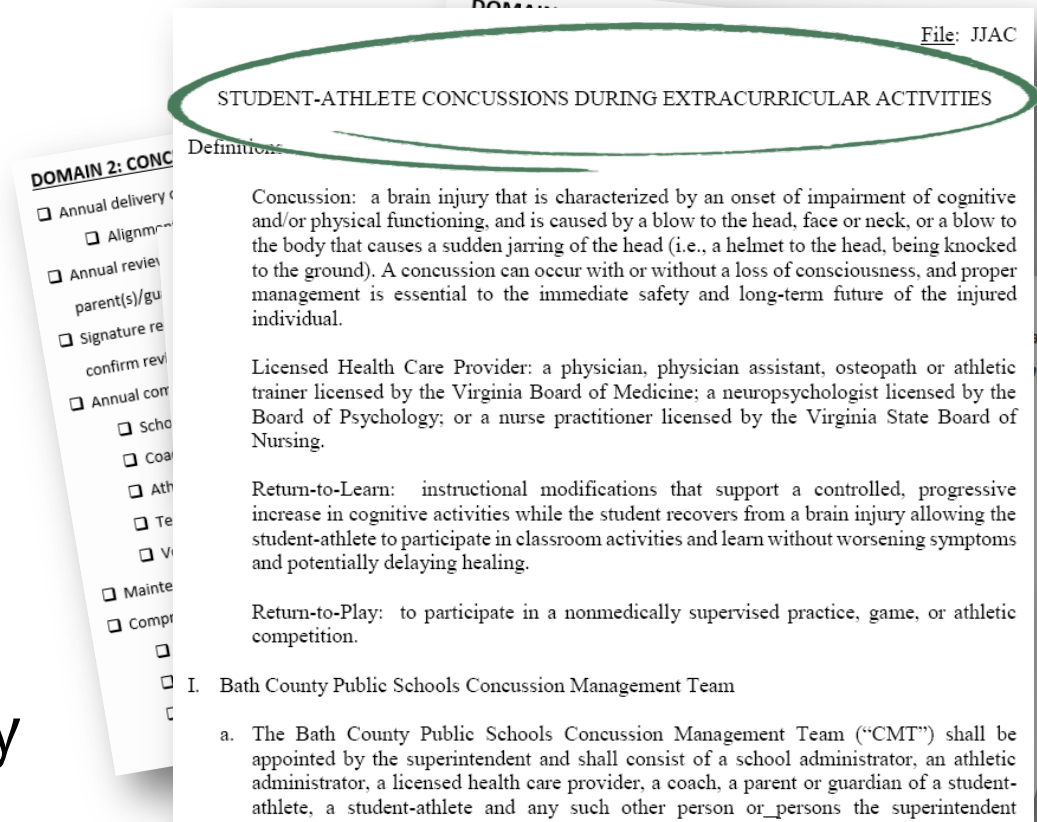
Category	Division Count	School Count	S:D Ratio	Average CIS	ADM	F/R%
High	22	68	3.09	0.6881	1000	35.0%
Moderate	72	176	2.44	0.3366	953	35.7%
Low	37	69	1.86	0.3051	768	65.5%

Policy Content Analysis

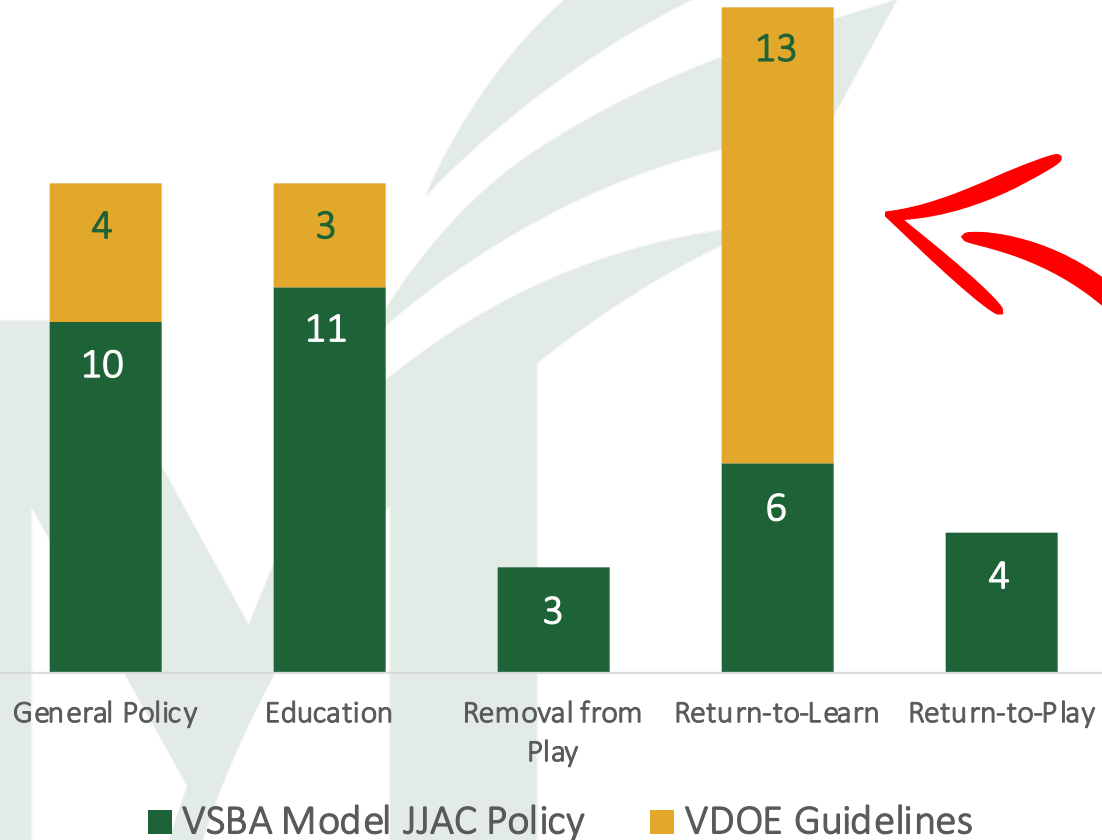


- **Rubric Development**
 - Aligned with VDOE guidelines
 - Five domains emerged
 - **54 total possible points**
- **Content Analysis**
 - Publicly available via school board documents
 - Assess quality of division policy documents

(Dickinson & Adams, 2017)



Model JJAC Policy



- Originally created by VSBA in response to **2010 bill**
- Title and content **not revised** to keep pace with amendments

Stakeholder Interviews



- 67 participants
- Stratified by **cluster**, **region**, and **urbanicity**
- Identify local barriers and facilitators

Interview Guide
Title: Evaluation of the Implementation of Concussion Management Best Practices in Virginia Schools

Date: Start Time: Stop Time:

Facilitator: Length:

Digital File No.:

Introduction:
"Thank you for agreeing to speak with us. The purpose of this study is to evaluate how concussions are being managed in Virginia schools from being any to fully implemented. We would like to participate in an interview because..."

This is the first step in our two-step process. Your response is important to you. Your response to the concussion policy implementation is important to us.

This interview will last approximately 30 minutes. You will be compensated \$50 for your participation. Completion of the session is required for compensation. Partial participation, for a session, is not eligible for compensation.

Please feel free to speak during the interview. Only the audio recording of the interview will be used. Only the audio recording of the interview will be used. Only the audio recording of the interview will be used.

Consent:
Participants will be given a copy of the consent form. Participants will be given a copy of the consent form. Participants will be given a copy of the consent form.

Questions:

1. Please describe how athletic injuries are managed at your school and your role in that model.
 - a. How might this differ for students who participate in scholastic athletic teams versus those who do not (i.e. non-inter-scholastic youth sports program)?
2. If a student sustains a concussion, how is the injury typically managed?
 - a. What is your role in the concussion management process?
3. Do you feel adequately informed and equipped about current best practices in concussion management?
 - a. Why or why not?
4. Is there a defined concussion management team and who is on it?
 - a. Is there a point person to ensure fidelity?
 - b. Is this position division-wide or specific to a school?
5. Are you aware of concussion management guidelines put forth by the Virginia Board of Education?
6. Describe how concussion education is delivered at your school?
 - a. Is it division-wide?
7. What method is your school currently using to track internal and external completion of training (i.e. compliance of training expectations)?
8. Do you feel like your concussion management team has adequate support from your school division to carry out best practices in concussion management?
 - a. Why or why not?
9. Do you feel like there are adequate and appropriate resources within the local community to support concussion management that are available and accessible to your students?

Emerging Themes



*“It’s just a little too much to have the athletic trainer **managing the non-athletes in addition to the athletes** because I’m one person, you know.”*

Adequacy of Resources

Advisory and Management Infrastructure

Balancing Practitioner Burden

Culturally-Responsive Education

Available and Appropriate Community Resources

*“There’s a local orthopedics group, and when I say local that’s about **an hour drive away** for us into Tennessee.”*

Culture & Motivation

Best & Standard Practices

Privileging Scholastic Athletes

Establishment and Refinement of Protocols

Public Health Priority

Student Reporting Motivation

Shared Community Risks

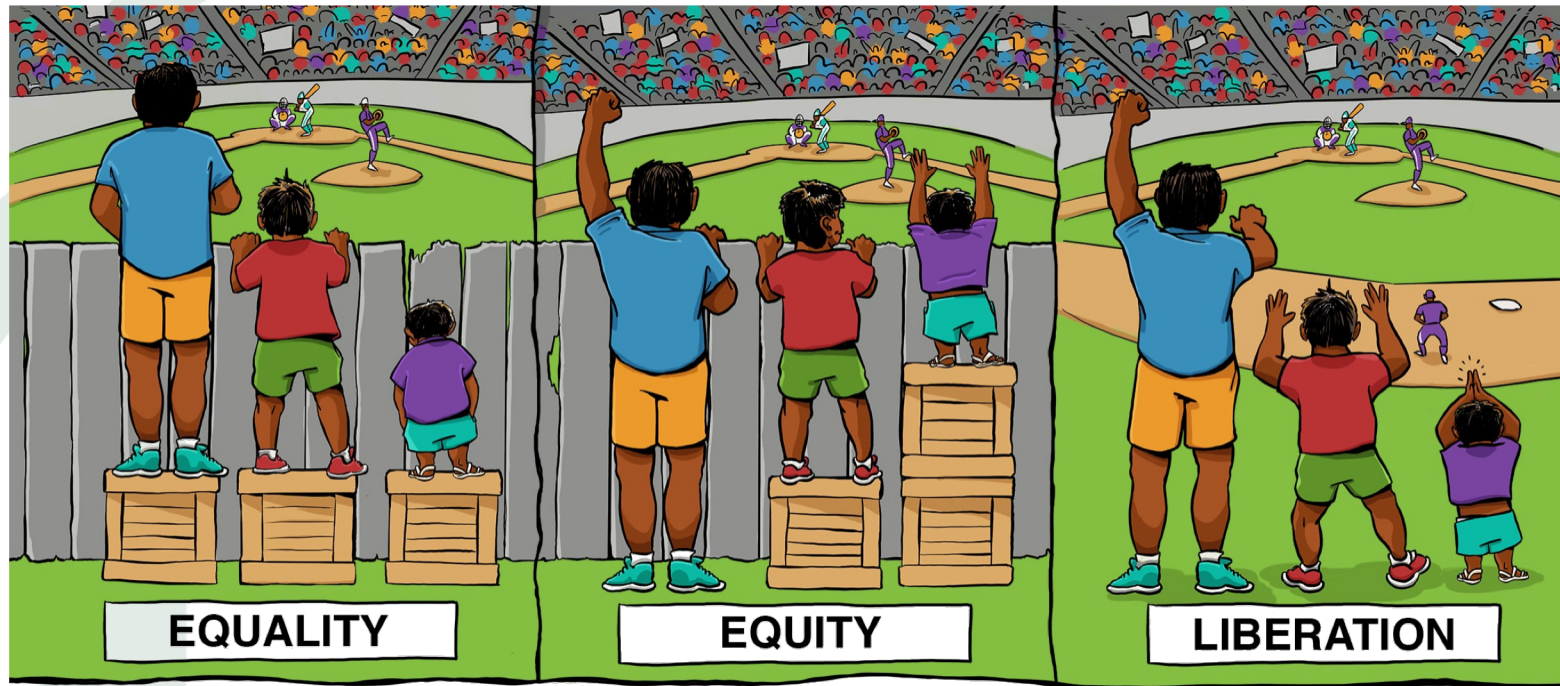
Socioeconomic Burden

Recreational Athletes: The Orphaned Cases

Communication and Collaboration

*“My biggest problems end up being lack of communication or **ignorance of communication.**”*

“...kids who won’t seek care because either they or their parents are not properly documented, and they’re **terrified that they’ll get deported** or their family will get broken up...of those who would like to seek care, they can’t always afford it, they don’t always have health insurance, they don’t always have healthcare.”



Recommendations

- Identify of all the implementation **actors** and **factors**
 - Health policy in education setting
 - Actors internal and external to school with differing capacity
- **Engage** stakeholders early and often
 - Many actors voluntold to implement → burden or disenfranchisement
- Define **scope** (limits) of implementation
 - Cases that are exempt or have special conditions

Conclusions

- Concussions are equally prevalent, resources for recovery are not
- Policy implementation is not about implementation
- Findings advocate for **equitable solutions** to **improve** concussion management



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Thank You

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Beyond the Win: Policy Implementation and its Advocacy

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When an initiative or strategy is focused on people who have been historically excluded from decision making, we need to evaluate the extent to which advocacy and policy implementation build power.

HOW DID WE COME TO THIS CONCLUSION?

The California Endowment's **Building Healthy Communities initiative** is place-based and driving toward health and power.



**BUILDING VOICE AND
POWER FOR A HEALTHY
AND INCLUSIVE
CALIFORNIA**



**HEALTH HAPPENS WITH
PREVENTION**



**HEALTH HAPPENS IN
SCHOOLS**

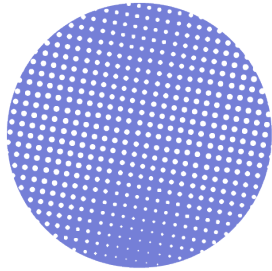


**HEALTH HAPPENS IN
NEIGHBORHOODS**

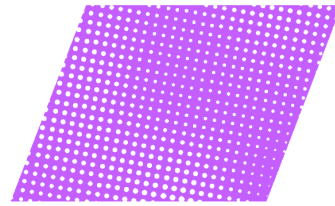
BHC contributed to
over 1,000 policy
wins and they
wanted to know
what happened
after a win.



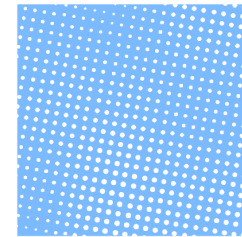
So, we designed our study to evaluate policy implementation and its advocacy.



What happened
after
policy/systems
change wins?



How have policy
advocacy efforts
focused on
implementation?



To what extent and
how did BHC
advocacy
contribute to policy
change?

While we planned, we observed TCE increasing their interest and knowledge about power to inform their future work.

We transitioned our work with TCE to focus on power.

Old



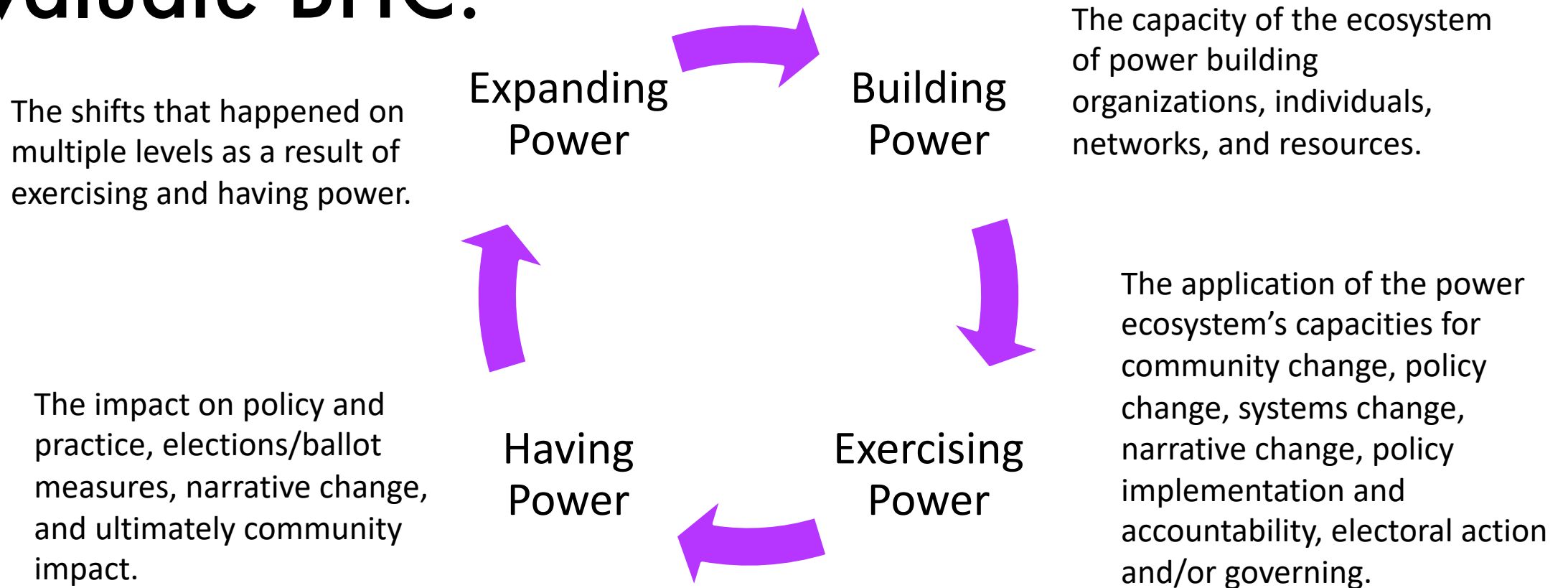
New

1. What happened after policy/systems change wins?
2. How have policy advocacy efforts focused on implementation?
3. To what extent and how did BHC advocacy contribute to policy change?

1. How is power built through policy advocacy efforts?
2. How were systems held accountable after policy wins?
3. How does the policy advocacy process continue to build power after a win?

HOW ARE WE CENTERING POWER IN OUR EVALUATION?

We are using a power framework* to evaluate BHC.



*This framework was developed based on work by Strategic Concepts in Organizing and Policy Education ([SCOPE](#)), USC's Program for Environmental and Regional Equity ([PERE](#)), and [Gigi Barsoum](#).

Our focus is on advocacy leading up to and following a win.

How does advocacy continue to build power and what already has been accomplished?

Expanding Power

Building Power

How was power built for policy advocacy?

What was achieved and was it the community's goal?

How does the win advance equity?

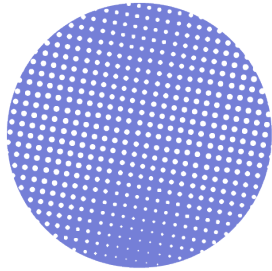
Having Power

Exercising Power

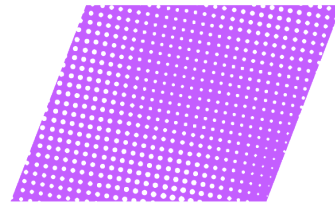
How do advocacy strategies center the community's power in ways that are durable and continue to build power?

HOW CAN WE USE THE POWER FRAMEWORK TO IMPLEMENT OUR EVALUATION?

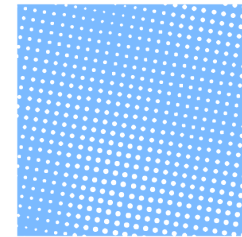
We will use the power framework to evaluate 10 policy wins in our comparative case study.



Hypotheses and
Assumptions



Data Collection
and Analysis



Reporting

The power building framework helps us conceptualize the evaluation to understand value added to people who have been historically excluded from decision making.

Reflections on Policy Implementation Evaluation

Sarah Stachowiak



Beyond the Win:
Pathways for Policy Implementation



It is unique.

It's not a pivot.

**We should focus more
on race, equity, and
power.**

Thank you!

Q&A

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