



Forum Session Meeting Announcement

Friday, March 9, 2007
11:45am — Lunch
12:15–2:00pm — Session

Implementing School Health Programs for Better Child Health and Academic Success

A Discussion Featuring:

Julia Graham Lear, PhD

Director

Center for Health and Health Care in Schools
School of Public Health and Health Services
Graduate School of Education and Human Development
George Washington University

Debbie Brinson

Executive Director

School-Community Health Alliance of Michigan
Trustee
Eaton Rapids Public Schools Board of Education

Susan I. S. Will

President

National Association of School Nurses
School Nurse
Saint Paul Public Schools

Veda C. Johnson, MD

Medical Director

Whitefoord Elementary School Clinic
Assistant Professor of Pediatrics
Emory University School of Medicine

Location

Reserve Officers Association of the United States
One Constitution Avenue, NE
Congressional Hall of Honor
Fifth Floor
(Across from the Dirksen Senate Office Building)

Registration Required

Space is limited. Please respond as soon as possible.

Send your contact information by e-mail to: nhpfmeet@gwu.edu

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Implementing School Health Programs for Better Child Health and Academic Success

OVERVIEW

This Forum session will provide an overview of health programs commonly found in schools and school systems. A continuum of models for delivering and financing school health services will be described, ranging from core school nursing services to more comprehensive primary care services provided in school-based health centers. A panel discussion with health providers, school administrators, and senior policy experts will compare and contrast models, describe challenges to delivering and financing quality health services in schools, and explore the role of school health programs in improving academic performance and building a healthy, educated workforce for the future. The panel will include perspectives from a school nurse, physician, and school board member, each with more than twenty years of experience operating school health programs.

SESSION

Schools are under increasing pressure to address a variety of health issues that affect learning and academic achievement. With mounting rates of chronic illnesses in children, more children with disabilities and special health care needs being “mainstreamed” into regular classrooms, and greater emphasis on meeting academic benchmarks, many schools have become the front line in tackling a range of children’s health care and public health issues. Half of the nation’s Healthy People 2010 goals depend on school initiatives to achieve recommended outcomes,¹ and many disaster preparedness and response plans rely heavily on schools to help manage and provide services during a public health crisis. As a consequence, today’s school personnel are addressing a number of major public health concerns, including environmental hazards, disaster preparedness, infectious disease control, immunization compliance, poor nutrition, violence, and disparities in health among poor and minority children, as well as the rising epidemic of diabetes, obesity, and other chronic illnesses in children.

Most health policymakers know very little about the range of health programs in schools, the school personnel delivering these services, or the complexity of financing streams for school health services. The Individuals with Disabilities Act (IDEA) and Section 504 of the Rehabilitation Act require schools to provide core school nursing services including health assessments, case management of health conditions during the school

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day, and provision of health interventions needed for children with health related problems as determined in the Individualized Education Plan (IEP) or 504 plans. Additional core school health services include health assessments, interventions, and provision of medications as well as episodic illness and injury care, case management for students with chronic health problems, emergency care, documentation of student compliance with state or district health requirements, and periodic student health assessments. School health personnel may also be involved in a range of additional activities that include training nurse aides and teachers to address health issues; overseeing government-funded health education and wellness programs; providing individual and classroom health instruction; and coordinating school emergency response activities with community disaster and disease prevention plans.

Of the 98,610 local school buildings in the United States, approximately 75 percent have at least a part-time school nurse. A growing number of schools have also established school-based health centers to provide comprehensive primary care to students. These centers employ a mix of nurses, physicians, and mental health professionals to provide annual physicals, treat medical problems, offer counseling, and, in some cases, coordinate a range of services traditionally overseen by the school nurse. The number of school-based health centers has increased by a factor of eight, from about 200 in the early 1990s to more than 1,700 clinics today.

Staffing and administration of school health programs vary widely across local jurisdictions. Some school health providers are part of a teacher's union (for example, school nurses); others are employees of a public health department responsible for several schools and with limited time to attend faculty meetings or consult with school personnel. Special education staff may or may not be health professionals and typically report to an entirely different division of the school system than other health-related staff. Nurse practitioners, physicians, physician assistants, and mental health professionals working in the school can be employed by the school district, different state agencies, or a variety of community-based health care organizations that operate school health programs.

Financing of school health programs occurs through a patchwork of local, state, federal, and private sector revenue streams. The federal role has historically been limited to the nutrition programs of the U.S. Department of Agriculture, funding for students served under an IEP (Individuals with Disabilities Education Act), and prevention programs supported by both the U.S. Department of Education and the U.S. Department of Health and Human Services. The Centers for Disease Control and Prevention, for example, makes relatively small grants to promote a broader understanding of school health. The federal government also sets national standards for academic performance and health-related services through legislation such as the No Child Left Behind Act. Local and state financing also comes from multiple sources, including property taxes, formula-driven state allocations

of education funds, and state agency grants (such as the departments of health, public health, and mental health) that may provide personnel or grant initiatives to targeted schools or health programs.

The federal and state partnership of Medicaid and its State Children's Health Insurance Program (SCHIP) counterpart have become a critical source of revenue for school districts reimbursing school nurses and other school-based professionals for immunization administration and compliance. Some state Medicaid programs reimburse school nurses and other school-based professionals for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services provided to Medicaid beneficiaries, and Medicaid funding is increasingly considered a key potential component for long-term fiscal stability of school-based health centers. However, Medicaid managed care arrangements, provider requirements, and billing procedures often present significant barriers to reimbursing health services delivered in schools.

School health programs have evolved dramatically from their early efforts to reduce disease contagion. Today, school health services have enormous implications for improving school attendance and academic achievement. These programs are increasingly part of the safety net for children's health care and have a key role in building a healthy, productive workforce for the future. This Forum session will describe the range of models for staffing, financing, and delivering health services in schools today. Speakers representing a continuum of school health programs will compare and contrast models and will discuss the challenges and benefits of health programs in the schools. Panelists include a nurse, physician, and school administrators with multiple experiences establishing and managing a number of school health programs and services.

SPEAKERS

Julia Graham Lear, PhD, is director of the Center for Health and Health Care in Schools sponsored by the School of Public Health and Health Services and the Graduate School of Education and Human Development at The George Washington University (GWU). Dr. Lear has worked for more than 20 years to develop school-based health programs and services as a means of promoting the well-being of children and adolescents. She teaches courses at the University, writes and speaks frequently on the organization of health care for children and adolescents, and serves on advisory boards of a number of organizations dedicated to improving child health. Prior to joining GWU in 1993, she directed several Robert Wood Johnson Foundation grant programs focused on improving health service delivery for children and teens. Dr. Lear will provide an historical overview of school-based health services and models for funding and delivering health care in schools.

Debbie Brinson is the executive director of the School-Community Health Alliance of Michigan, a collaboration of individuals and organizations that represent and support school-based health centers and programs across the state of Michigan. Prior to this position, Ms. Brinson served for 13 years as the adolescent health coordinator with the Ingham County Health Department, where she implemented and oversaw school-based centers and programs, including a pediatric dental center. She is also a trustee on the Eaton Rapids Public Schools Board of Education. Her experience includes extensive work with the state's K-12 budget as it relates to at-risk funding, as well as assisting in policy development specific to school finances. Ms. Brinson will share experiences financing school-based health services through a variety of funding streams.

Susan I. S. Will is a school nurse in Saint Paul Public Schools, Saint Paul, MN, with 20 years of school nursing in inner city high schools serving multicultural populations. She has served on school district special education committees, 504 committees, pupil problem committees, crisis intervention teams, and safe school teams. Ms. Will has also been manager of environmental health and safety for Saint Paul Public Schools and on the board of the Children's Environmental Health Network. She is the current president of the National Association of School Nurses. Ms. Will's presentation will provide an overview of services provided by school nurses and share her experiences as a school nurse in a variety of school settings.

Veda C. Johnson, MD, is the medical director of two school-based clinics in Atlanta, Georgia, and assistant professor of pediatrics at the Emory University School of Medicine. She also serves as the medical director for two community-based pediatric primary care clinics affiliated with the Grady Health System. Dr. Johnson served a four-year obligation with the National Health Service Corps in Meridian, Mississippi, where she served as medical director at the Meridian Community Health Center. Her interest in school health began during this appointment when she developed a school health program for the clinic's adopted elementary school and the local Head Start program. Dr. Johnson will offer a clinician's perspective on establishing a school-based health center and providing health services in the schools.

KEY QUESTIONS

- What is known about the outcomes of school health programs? Is there a link between school health programs and better child health or academic performance? How do the different staffing patterns affect the quality and service capacity of school health programs?
- What is the role of K-12 school systems in protecting the health of children and delivering health care? Are schools an adjunct or core part of the health care safety net for children?

- What are some challenges to administering school health programs? How can local, state, and federal agencies coordinate oversight and revenue streams to more effectively improve children’s health and academic success?
- What is the appropriate federal role in addressing the multiple factors influencing child health and academic success? What are the current federal streams from the Departments of Agriculture, Education, and Health and Human Services? To what extent should Medicaid be used to fund school health services? To what extent are these funding streams coordinated with one another, or might they be coordinated better?
- Does the government have a responsibility to set national health standards for schools, and by extension, to fund health programs that support public health needs and academic performance benchmarks?

ENDNOTE

1. U.S. Department of Health and Human Services, “Healthy People 2010 Objectives: School Setting,” in *Healthy People 2010*, volume 1 (2000); available at www.health.gov/healthypeople/document/html/volume1/07ed.htm#_Toc490550856.



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