

Health Services in Schools Conference

Presentations by Topic

Health Disparities and Unmet Needs of School Children

Shifting Demographics of California's Kids

Fernando Mendoza

The shifting demographics of California's children has significant implication for health and education in our state. Differences in language, cultural, and social class are challenging our state's health care systems to provide quality services to all children. Not meeting this challenge may further increase health disparities.

Unmet Health Needs and Disparities in California's School Children

Lisa Chamberlain

The unmet health needs of California's school children undermine their ability to concentrate in school and learn. This can perpetuate the cycle of poverty, thus innovative solutions are needed.

Health Coverage for California's Children

Don Barr

Since 1965, federal and state governments have collaborated to provide free or low cost health insurance to children in low and middle-income families. Combined, Medicaid and the Children's Health Insurance Program (CHIP) provide health insurance coverage to more than 33 million children. Children with this public coverage experience access to primary care providers at rates comparable to children with private health insurance. Despite these programs, however, 6 million children remain uninsured - more that 80% of whom are eligible for coverage in these programs, but simply are not enrolled.

School Health Services for Children with Special Needs

Care of Children and Youth with Special Health Care Needs at School

Dian Baker

California has an estimated 1.4 million children and youth with special health care needs (CYSHCN). Schools are a core service provider for CYSHCN as they hold the key for transitions from early life into successful adulthood. Yet little is known about how schools provide support for CYSHCN so they can be successful in school. We found that approximately 50% of California's schools do not engage the services of a school nurse and there is little information about how CYSHCN health service needs are met during the school day. This presentation describes our research findings from a study, funded by the Lucile Packard Foundation for Children's Health, of how CYSHCN needs are addressed in public schools.

Creating Asthma Friendly Schools to Achieve Equity

Lisa Cicutto

This presentation will highlight the reasons for focusing on asthma in schools, existing gaps in successful management of asthma, solutions evaluated to close identified gaps, outcomes

improved through interventions, and lessons learned and recommendations for larger uptake to achieve equity for children with asthma.

Mental Health Services in Schools

Shashank Joshi

In recent years local high schools have witnessed a spate of tragic suicides by high achieving students. Depression was diagnosed as an underlying cause in many of these cases. This presentation will talk about mental health services for adolescents and school-based suicide prevention strategies.

Highlights from the SJUSD Nurse Demonstration Project

Melinda Landau

“Putting Health Care Back Into Schools” demonstration project examined the effect of placing a school nurse full time at schools with large number of Hispanic and low-income students, and linking that nurse to a local community health clinic. The results from this 6-year project produced a strong case for school nurses supporting an equitable education for low income, Hispanic students with chronic health conditions.

Strategies for Providing School Health Services

Comparison of Models for School-based Health Care in the United States of America, Canada and Australia

Denise Seigart

Tri-nation school-based health care was compared and contrasted through the utilization of a series of interpretive case studies. Grounded theory approaches informed the data analysis and reporting processes. Unlike the US, Canadian and Australian school students rarely have access to school-based health care on site. All three nations face structural, cultural and societal barriers, often related to limited resources, which limit the effectiveness of school-based health care. The benefits of school-based health care and providing comprehensive services through schools can include healthier children, better learning, healthier parents, and healthier communities. Unfortunately, based on this research, comprehensive school health services have not been adequately implemented in the US, Canada or Australia. Given the findings of this study, increased comprehensive school-based health services are urgently needed in the US, Canada and Australia.

Cost-benefit Study of School Nursing Services

Li Yan Wang

In recent years, across the United States, many school districts have cut on-site delivery of health services by eliminating or reducing services provided by qualified school nurses. The objective of this study was to demonstrate the cost-benefit of school health services delivered by qualified school nurses, using the Massachusetts Essential School Health Services (ESHS) Program as a case study. During the 2009-2010 school year, at a cost of \$79.0 million, the ESHS program prevented an estimated \$20.0 million in medical care costs, \$28.1 million in parents' productivity loss, and \$129.1 million in teachers' productivity loss. As a result, the program generated a net benefit of \$98.2 million to society. For every dollar invested in the program, society would gain \$2.20. Eighty-nine percent of simulation trials resulted in a net benefit. The results of this study demonstrated that school nursing services provided in the Massachusetts

ESHS schools were a cost-beneficial investment of public money, warranting careful consideration by policy makers and decision makers when resource allocation decisions are made about school nursing positions.

Current Policy Issues Impacting Financing and Reimbursement of School Health Services

Lisa Eisenberg

Sustainable funding for school health services is a constant challenge. With health care reform, there is a renewed focus on prevention and public health but also an emphasis on managed health care and health homes. School-based health services can provide effective preventive health care but where do school-based health services fit in the evolving health care system and what are some strategies to finance these services? Drawing on experience advocating at a state level for school-based health centers and school health services, this talk will describe how these services can be sustainably funded and where there are gaps in current funding. The presentation will also cover past efforts to address funding challenges and highlight current policy issues that are applicable to school health.

Overcoming Challenges to Improve Health Services in California's Public Schools

Nadejda Marques

Despite significant evidence that school nurses have a positive impact on a number of student health and educational outcomes, California schools struggle to implement the recommended NASN nurse-to-student ratio of 1:750 well students. This presentation describes some of the main challenges faced by school administrators, local governments and health care professionals seeking to improve health services in California and provides an overview of best practices of programs in other states that might be relevant to the Californian context.

Implementing Successful University and School Health Collaborations

Stanford Youth Diabetes Coaches Program - Improving the Health of the Community Through Collaborations between High Schools and Health Care

Nancy Morioka- Douglas

The Stanford Youth Diabetes Coaching Program (SYDCP) is an effective community intervention aimed at addressing health care disparities by targeting low income, ethnic minority populations at high risk of developing chronic health problems. Healthy high school students from at-risk populations learn to coach family members with diabetes with a combination of education in coaching skills (communication, problem solving, and setting achievable goals) and health knowledge. The program is designed to be easily reproduced and sustainable. The program currently is comprised of 8 weekly sessions that are tightly scripted Power Point presentations, taught by physicians from academic medical centers, such as family medicine residency programs, to primarily low-income, ethnic minority, public high school students.

Students' Sense of Safety at School

Manuelito Biag

Feeling safe at school is important for learning as well as health. Research suggests that young people who are bullied at school are more likely than those who are not to have lower academic achievement, symptoms of depression, and decreased engagement in school. They are also more likely to report health-related problems including headaches, sleep problems, and stomach pain. In this talk, Dr. Biag presents findings from an exploratory study using

participatory visual research methods that examines how low-income ethnic minority students perceive safe and unsafe spaces on their school campus. Findings demonstrate how image-based techniques can elicit more nuanced knowledge about the social, spatial, and temporal dynamics that shape students' sense of safety at school.

Partnerships to Encourage Environmental Conservation and Healthy Behavior in Bay Area Schools

Eunice Rodriguez

In partnerships with Redwood City schools we incorporated health prevention into an environmental conservation framework to improve knowledge and encourage adoption of healthy behaviors among youth. We offered educational web-based modules on nutrition, physical activity, and environmental sustainability with discussions moderated by Stanford students engaged in service learning training. Docent-led experiential environmental conservation workshops at Stanford's Jasper Ridge Biological Preserve (JRBP) complemented the curriculum. The intervention has the potential to scale up to benefit university students and middle school children beyond Bay Area schools.

Models of School Healthcare Delivery

Factors Associated With Whether or Not a School-based Health Center Provides School-based Mental Health Services - A Descriptive Review of National and California Trends

Satu Larson

Chronic childhood trauma is a major predictor of mental health disorders and poor academic achievement. Children and adolescents of lower SES and of non-White racial/ethnic status are at increased risk for exposure to chronic childhood trauma, increased risk for development of mental health disorders, and at greater risk for poor academic performance and high school dropout. Yet there are multiple barriers to access and utilization of mental health care, especially in underserved neighborhoods that experience greater amounts of exposure to trauma. The school-based health center (SBHC) model of care has demonstrated the ability to improve access and utilization of mental health services in underserved communities and improve GPA in students receiving mental health services. Despite this, only 2% of schools in the United States have a SBHC. Of these approximately 1300 SBHCs, 70% provide mental health services. California has lower rates of provision of SBHC mental health service care than the national average. This study will attempt to understand the factors associated with whether or not a SBHC provides school-based mental health services both nationally and in California by employing secondary analysis of the cross-sectional data from the School-based Health Alliance SBHC Census Report database. Results are pending and have implications for policy related to nursing, school health services, and pediatric health equity.

Coordinated School Health and the Contribution of a District Wellness Coordinator

Lisa Westrich, Monika Sanchez, and Karen Strobel

A San Francisco Bay Area school health initiative was established in fall 2010 to improve wellness programs in 4 local school districts using the Coordinated School Health (CSH) model. This study examines the role of district-wide wellness coordinators and the ways in which they contribute to intentional coordination of health and wellness programs and activities in their school districts. This study included 8 schools across 4 school districts. Researchers conducted semi-structured interviews and focus groups with district and school staff, students, parents, wellness committee members, and wellness coordinators in 2012 to examine a range of

perspectives about the coordination of school health and wellness. District wellness coordinators' efforts were linked to an increase in (1) awareness of health and wellness, (2) integration of wellness activities within and across schools and districts, and (3) leveraged resources. Wellness coordinators are critical to successful CSH efforts. Through intentional and strategic collaboration with key stakeholders, wellness coordinators advance CSH goals of integrating health and wellness programs within and across school districts, reaching more students equitably and leveraging resources.

An Evaluation of School Health Centers in Alameda County

Shelly Kaller, Sara Geierstanger, Sandy Ng, Samira Soleimanpour and Claire Brindis

The objective of our evaluation was to document client demographics, services, and impact on client health access and outcomes at Alameda County School Health Centers (SHCs). We utilized provider documentation of client demographics, services and outcomes in a web-based database; client surveys; school-wide student surveys; and stakeholder interviews to collect information. Our results show that the number of SHCs in the County has increased from 10 to 25 over the past decade. In 2013-14 they provided 56,967 visits to 13,107 clients. Approximately 40% of students in schools with SHCs were registered clients. In 2013-14, most (59%) clients were female, and nearly one in five (19%) were community members, including parents and siblings. As compared to the school population, African American students were over-represented among clients (27% of clients vs. 20% of students), while Asian Pacific Islander students (13% vs. 23%) were under-represented. Most visits were for medical services (34%), behavioral health services (29%) or first aid (20%). Clients made an average of 4.4 visits, generally returning for the same type of visit, however 33% returned for a different type of service. Female clients significantly improved contraceptive use (46% to 55% "always" using contraception). Behavioral health clients significantly improved scores in social relationships (by 22%), health and basic needs (by 21%) and all other presenting concerns. Dental decay improved or did not worsen in 69% of clients. Surveys showed high satisfaction with services and staff, and improvements to their physical and behavioral health and academic and leadership skills. In conclusion, SHCs are well-positioned to provide comprehensive health care.

Technology and Health Services to Reduce Student Absenteeism

Howard Taras

Absenteeism is associated with dropout, poor academics, low socioeconomics, poor access to health care, sleep disorders, asthma, and other chronic conditions. Mean state-level absenteeism varies from 6% to 33%. Attendance clerks do not collect reliable health histories for ill students. Yet very frequent absences attributed to illness (e.g., asthma, recurrent abdominal pain, headaches) can be reduced if school nurses had data of these students' symptoms/signs and could refer students to their doctors for concerning trends, if they knew what parents needed educated about typical resources in school, and special resources were offered to students with special needs. The objective of our study was to determine whether an interactive, voice-response telephone questionnaire in a San Diego school could characterize students' illness and help school nurses identify students requiring case management. Parents could either call their ill child into a voice-recognition software line to describe symptoms or call traditional attendance clerk. One elementary school district had 1122 students. Over a 48 school-day study period, there were 743 student-absences. Most parents utilized the automated questionnaire (75%) than spoke with attendance clerk; 83% completed entire symptom questionnaire. Software analyzed absenteeism data daily for trends across each student over time and within one day for entire school population. School nurses could reach parents about

keeping child in school. Pooled, anonymized data was of value to public health officials seeking regional infectious disease trends. The cost of voice-recognition software was prohibitive to expand program. This group is now reviving this project but using low-cost smartphone apps, instead of voice recognition telephone lines, given that rate of smartphone ownership is 81% % in the USA for adults of most school-age children.

Moving Forward: The Need for Big Data

Step Up and Be Counted: The Power of Big Data

Erin Maughan

This presentation will cover the importance of national school nursing data sets. School nurses are the eyes and ears of healthcare and public health and have a wealth of data, but must unify it together and collect it accurately. School nurses need direction for uniformity, accuracy of data, and buy in. A joint project between National Association of School Nurses and the National Association of State School Nurse Consultants was started with workforce, chronic conditions and health office to establish data points. The data was used locally to increase the number of school nurse and state positions. Data collected in this first year included preliminary number involved and lessons learned and how school nurses can get involved. Future efforts will include dispositions such as tie in work on school nursing indicators.