

Keeping Students Healthy and Ready to Learn

Strategies to Address the Health Care Needs of Students and their Families

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Presentation Goals

- Review the role that health plays in the Partnership for Resilience (PfR)
- Delineate the assumptions underlying this health work
- Through case studies provide practical tips on:
 - Assessing health needs and assets in a school community
 - Developing health resources in a school community
 - Building a framework for community engagement and sustainability
- Explore ways to apply lessons learned to work in your own communities
- Questions and answers

The Role of Health in the PfR

PfR is working to create trauma-informed neighborhoods and improve childhood wellness through increased access to care and management and increased collaboration between schools and medical homes.

The health work has three key areas of focus:

1. Facilitating school-based health services to meet identified needs while still promoting the connection to a patient-centered medical home.
2. Encouraging schools and health systems to work together and use metrics to drive program development by:
 - Identifying and meeting with key Managed Care Organizations (MCOs) serving the communities to discuss ways to work collaboratively to increase access for students in their networks.
 - Identifying and working with local medical providers to encourage collaboration and increase connections to medical homes.
3. Spreading ACES awareness among medical providers by:
 - Conducting a needs assessment of local providers.
 - Based on assessment, convening providers to help them connect the dots between social determinants and health outcomes and show the value of integrating a trauma-based approach in their everyday work.

Underlying Assumptions

■ **Healthier students are better learners**

- *Improving children's health is the ultimate commitment to the belief that all children can learn. When schools and communities ignore health problems that could reduce attendance and contribute to school failure, they deprive a child equal access to an education (Health is Academic, 1998).*
- We have always known anecdotally that if a student can't see or is in pain they can't pay attention or even attend school but a growing body of literature has been providing proof and also suggesting that the whole child must be addressed if they are to actually achieve their academic potential.
- No matter how well teachers are prepared to teach, no matter what accountability measures are put in place, no matter what governing structures are established for schools, educational progress will be profoundly limited if health-related problems limit the motivation and ability to learn.
- Improved health can be tied to reduced absenteeism, reduced drop-out rates and behavioral problems, and improved students' grade point average and graduation rates.

■ **Schools can be pivotal delivery systems to address health of students and families**

- Schools are the only institution that can reach nearly all youth. In the US today, 54 million young people attend approximately 129,000 schools for about 6 hours of classroom time each day for up to 13 of the most formative years of their lives.

- **It is neither reasonable nor realistic to expect that, on their own, schools can address the health needs and eliminate health disparities among the nation's youth**
- Schools by themselves don't have the financial or personnel resources to adequately address the complex and recalcitrant problems facing youth and their families (it is not their "knitting").
- Addressing the health and academic needs of students can be accomplished by systemically combining the collective strengths of a range of interdisciplinary sectors – including but not limited to the education, health and social service sectors.
- Effective collaboration across multi-disciplinary sectors does not just happen on its own but needs careful nurturing.

- **Understanding the community context is critical**
- Particular health issues deemed most important and possible solutions in a given school or school district will vary based on a range of factors such as:
 - Geographic variation in distribution of health problems
 - Local leadership priorities and commitment
 - Existing school and community resources
 - Historical efforts and programs
- No two communities or schools are the same - one size does not fit all – you can't superimpose a plan from one District or school onto others.

Case Study - The Southland Health Project

STEP ONE: ASSESSMENT of options for increasing access to primary care in Calumet Park, Ford Heights and Riverdale Dolton.

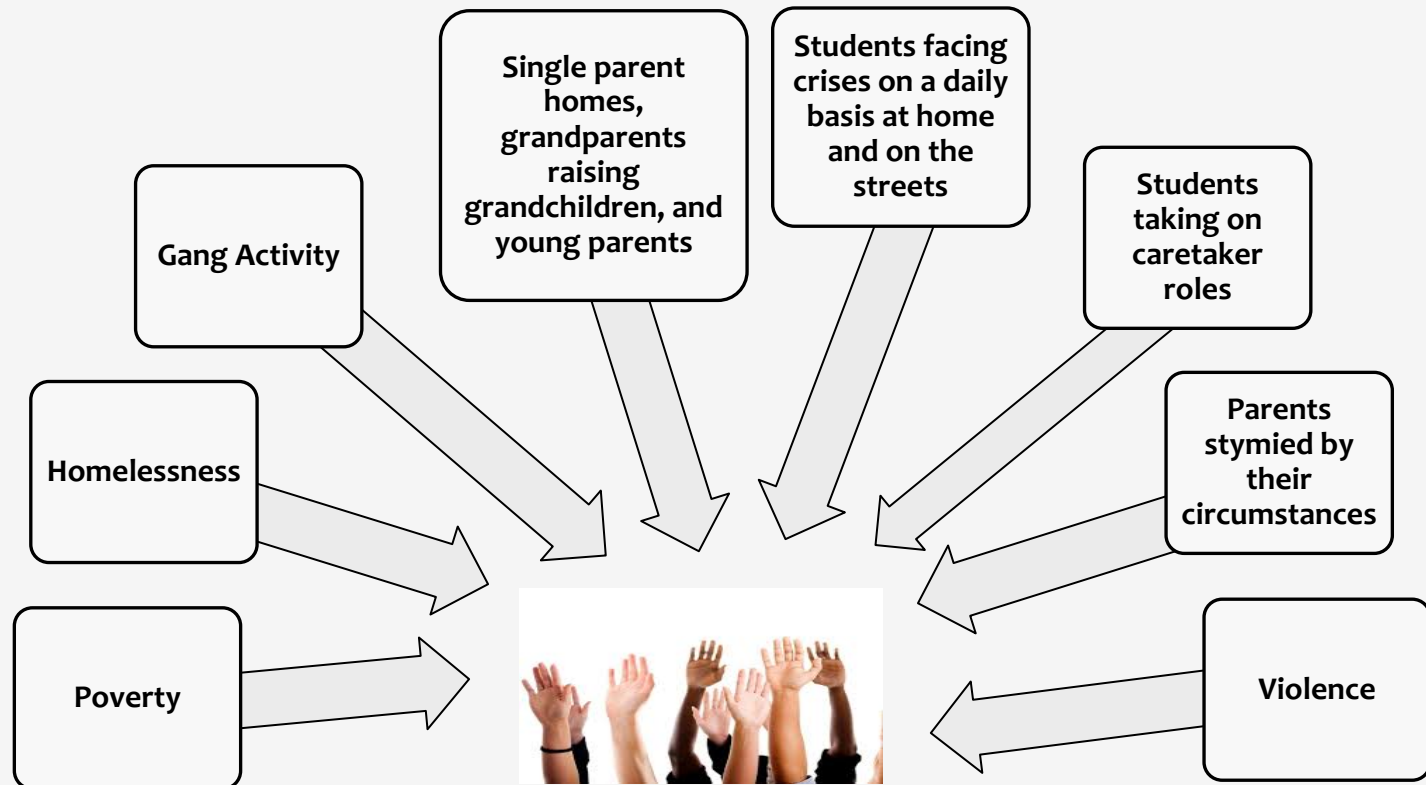
- Analyzed existing data
- Conducted interviews with key internal stakeholders in each District to understand needs, gather information on existing programs and referral sources.
- Conducted interviews with key health and behavioral health partners or potential partners to understand their capacity, interest in working collaboratively with schools (on- or off-site), constraints/guidelines for providing service, etc.
- Came up with common themes and divergences.
- Developed a range of possible scenarios and recommendations based on information gathered.

Conducting Assessments

- Assessments allow and ensure that the community voice and data informs your work and that “everyone is on the same page”
 - Programs and interventions need to be designed and tailored with history, current conditions and political realities of a specific community
 - This is an important step in getting “buy-in” for next steps
- Make sure you are interviewing the “right” people
- You can use a variety of methods: one on one interviews, phone calls, focus groups or surveys.
- Have a clear protocol that you use consistently.
- If possible have an advisory group guide the process (ex. leadership; staff; school nurses and counselors; community organizations already working with school; organizations who are not yet partners; funders). This group not only guides the work but also starts building buy-in and potential resources and support.
- Make sure you close the loop – people have shared time and knowledge and need to know how this information was used.

STEP TWO: FINDINGS AND SCENARIOS/RECOMMENDATIONS

Challenges Facing Youth in the Southland



Health Needs – Common Themes Across the Districts

- Behavioral health biggest health challenge facing all three Districts
- Oral health
- Asthma and Allergies
- Vision and glasses
- Physicals and immunizations (compliance with State Law)
- Health education (for students and families)

Challenges/Barriers – Common Themes Across Districts

- Parental follow-through
- Lack of accessible providers
- Transportation
- Insurance
- Behavioral health stigma
- School resources are stretched thin

School-Based Health Center

- This model of care is **NOT** recommended for the Southland Initiative.
- Though all the Districts have high percentages of low income students (90 – 95%), no one school has a large enough student population to sustain a health center.
- Even in a District as large as Riverdale, it would be challenging to transport students to one location for service.
- The high build-out and operational costs would not be the best use of resources to support the identified medical and behavioral health needs of the Districts.

Mobile Care

- This model of care has proven to be an effective school delivery system for oral health, asthma and physicals and immunizations.
- Procuring and operating a van for this project is NOT recommended because of the same challenges facing the SBHC (high cost of buying, retrofitting, operating and maintaining a van).
- It is recommended that the Districts partner with existing providers who can commit to a long-term and mutually beneficial partnership.

Considerations and Actions Needed:

- Identify provider
- Identify designated person located at the school to lead the coordination of school–community partnership
- Develop MOU for operation
- The vans do not take the place of a medical home. These are wonderful delivery systems to provide prevention services and address specific health problems but parallel efforts need to be taken to ultimately connect families to medical homes.

Leveraging Existing Services

Calumet Park

- Metro South Hospital is within 2 miles of the schools and has a new CEO who is interested in increasing the hospital's footprint in the community.
- Many families over-utilize the Metro South ER for both their health care and that of their children.
- The Initiative should reach out to Metro South and work with them to identify ways that they can work more formally with the schools.

Ford Heights

- The Cook County Cottage Grove Community Health Center is *almost next door* to Ford Height District schools.
- The facility has been helpful with physicals and immunizations but participants would like to see it as a more involved partner for example providing health education to students and families, giving the schools priority appointments or dates for service, seeing a student before they are sent to the hospital, and continuing to help with physicals and immunizations.
- The Initiative should find ways to formalize the relationship between the District and Cottage Grove.

Governor State University

- Most participants knew GSU as a great education partner. There was much interest on the part of the behavioral health and nursing departments to find ways to increase services to the Districts.

Formalized Networking and Resource Sharing

- Participants were excited about the idea of sharing educational opportunities, seminars, and training for students, families and staff across the three Districts.
- The following are some topics they suggested:
 - Ins and outs of health care system
 - Parenting classes
 - Red flags for health issues – when to take child to doctor
 - First aid
 - The role of health in academic success
- Each District has been creative in finding resources for their families. It would be beneficial to have affinity groups of providers across the Districts to share best practices.
- There was also a real interest in having an updated resource list of places to refer families for medical and behavioral issues. Of importance was the need to identify which insurance organizations accepted and a *go to person* from the agency.

Hiring a Resource Coordinator/s

- Identifying and pursuing resources and implementing programs across Districts is time-consuming and requires organization and focus.
- It is unrealistic to expect existing school personnel to take this on as another part of their already full schedules.
- A Resource Coordinator dedicated to managing the purveying and allocating of behavioral and health resources as well as nurturing partnerships is a critical component of the community school model and could help further successful work across the three Districts.

Considerations:

- This would require additional funding.

STEP THREE: IMPLEMENTATION

- After the findings were presented to the Pforzheimer health sub-committee, each District decided how they wanted to proceed. We took their lead. Some were able to embark on the health activities more quickly than others.
- During the assessment stage I reached out to some mobile care providers to gauge their interest in the Southland. Mobile Care Foundation has a stellar reputation and a long and deep history of providing both asthma and dental care. They have been interested in expanding into the southern suburbs.
- They brought their dental van to the meeting – illustrating the possibilities....



Calumet Park

- They connected with the Mobile Care Foundation the day of the findings report and began dental services that summer and asthma services in September.
- A meeting was held with a representative from Metro South to begin engaging them.
- Results
 - 30% of Cal Park's students received dental exams this first year.
 - 53% needed follow up care. Of the students who handed in consents, 86% followed through to completion (CPS' completion rate is 15% based on most recent available data).
 - 19 students are already being seen by asthma van
 - Preliminary data is very promising - 100% of students have not had a return ER visit and 100% are below the national average for school absenteeism (This data November - April).
- What has worked?
 - Commitment of leadership and staff
 - Quarterly health committee meetings including nurses, leadership, community outreach and health care providers
 - Flexibility of health care provider
- Challenges
 - Consents
 - Parent involvement and understanding of importance of health

Ford Heights

- Began working with Mobile Care Dental Van
- Held meetings between leadership and staff at Ford Heights District and leadership and staff of Cottage Grove and Cook County to formalize relationship
- Results
 - Exploring dental opportunities
 - Engaging in proactive strategy to complete physicals and immunizations before deadline
 - Professionals from County will be providing health education to students and families beginning in the fall
 - Will work collaboratively to advertise Cottage Grove
 - Commitment to ongoing meetings with additional members invited (ex. Dentist, Behavioral Health expert, etc.)

Lessons Learned

- Intentional and strategic planning leads to successful implementation
- Each community is different
- This takes time – do not be in a hurry and remember you can't do it all at once
- It is important to have wins as soon as possible
- Leadership support is critical
- You need a mechanism for communication for planning and beyond – preferably a team with regularly scheduled meetings and both executive decision makers and direct service champions.
- A designated person located at the school to lead the coordination of school and community partnerships
- Build on what the school and the community already has
- Build in evaluation from the start
- Relationships – relationships – relationships
- Humor goes a long way

Questions

- Any particular insights you would like to share?
- Do you have any innovative strategies and techniques to share that you have used to successfully address health needs of your students and families?
- Do you have any tips on ways to successfully create an effective community collaborative?

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