StudentWellness

Condition Critical

By Scott LaFee | Published September 15, 2008

Anemic funding forces educators to get creative to address student health needs

Healthy students make better students. Children who are ill or afflicted do not learn well—and they may not learn at all, if their ailments keep them out of school altogether. It's primarily the parents' job to keep kids healthy, of course, but every school administrator and board member knows that governance teams inevitably share the responsibility.

"If we didn't do it," observes Irv Trinkle, a veteran school board member for Centralia School District in Orange County's Buena Park, "some of these kids would be in emergency rooms, not classrooms."

Yet despite its profound importance, the subject of school health services—their value and, more pragmatically, how to provide them—is an issue that only infrequently pierces the public consciousness, and never for very long. Concerns over the epidemic of childhood obesity, the availability of contraceptives and other issues occasionally grab headlines, but the stories eventually fade, even though the problems do not.

Ailing students are part and parcel of public education. Every day, in every classroom, in every school in every district in the state, kids come to class sick. School officials then face a decision: Do they send a student home, with no guarantee the child will receive professional care if needed? Or do they find or offer treatment themselves?

"It's a hard choice," says Serena Clayton, executive director of the California School Health Centers Association. "Even though it seems health centers and classrooms serve different needs, both serve the needs of the whole child. Serving these needs is our shared purpose. Even though it can be very difficult for school boards to know what to do, one thing is for certain—providing health care can make a huge difference for kids and their readiness to learn."

Helping boards

In the fall of 2007, the California School Boards Association, through a grant from The California Endowment, contracted with MMS Education, a research and consulting group, to survey board members and superintendents about the state of their school-based health services. The stated goal: to gather information that ultimately could help CSBA leaders develop action plans for supporting California's governing boards and superintendents in addressing school health services in their districts.

In other words, to help boards know what to do. And how to do it.

More than 4,000 board members and superintendents were contacted during the five-week online survey; 1,095 responded, representing 58 percent of the school districts and county offices of education in California. Their answers reflect the sweeping range of the state's make-up, but common themes and concerns also emerged:

- Survey data showed large-enrollment districts, urban districts and districts with above-average minority student enrollment supplied a higher level of school health services than their counterparts.
- High-level-service districts provided the greatest range and depth of services (medical, dental, mental health, prevention or management of chronic diseases, healthy weight) and served proportionately more students.
- Services tended to be concentrated at the elementary and middle school levels and were typically provided by nurses or health clerks. Healthy weight-programs were the most common service provided across the board; dental was the least.

Not surprisingly, there was wide variation in board members' perceptions of the quality of their district's school health services. Some were justifiably proud. But a surprising majority believed their districts were—at best—meeting just the minimal health needs of their students. Why? They cited a number of reasons, including funding, the ability to hire and retain trained staff, more pressing needs or priorities and, all too often, community opposition or indifference.

While the survey revealed strong concerns about the state of school health services as they exist now, worries about the future were even greater. Many respondents predicted that school health services will require more attention from school boards in coming years. They foresaw increased demand for services, particularly for healthy weight programs, mental health services and chronic illness prevention and management.

Consider just one growing problem—one that, like so many health issues, overlaps with other concerns: the prevalence of diabetes in the United States, which is rising 5 percent each year.

"This growth accelerated in 1990, shows no sign of slowing down, and appears to be linked to increasing obesity," according to Linda S. Geiss, chief of diabetes surveillance for the federal Centers for Disease Control and Prevention.

More than 23 million Americans have diabetes—almost 8 percent of the population. Fewer than 200,000 American diabetics are under the age of 20, but the CDC estimates at least 7 percent of U.S. adolescents between the ages of 12 and 19 have impaired fasting glucose, a possible precursor to developing diabetes. The kicker, tying diabetes to another big health issue, is that obesity is a known risk factor for diabetes, and the American Academy of Child and Adolescent Psychiatry estimates up to one-third of U.S. children are obese.

If the need for more and better school health services seems obvious, solutions do not. There is no basic template that will work for school districts and county offices large and small, urban and rural, rich and poor. To be sure, some districts and COEs manage to handle the challenge better than others. Those more effective agencies are often distinctly different from each other in terms of size, demographics and resources, but they share some common approaches and philosophies.

Healthy Start in Lake County

Lake County lies about a two-hour drive northeast of San Francisco. Its 1,258 square miles are primarily rural and agricultural, dominated by farms, vineyards and the massive, 43,785-acre Clear Lake that gives the county its name.

"When people think of school health problems, they tend to imagine them only in an urban setting," says Mark Cooper, a Lake COE board member who's active in CSBA's efforts to develop and promote school health policies statewide. "But we have kids here with terrible health problems."

Many students in the county are the children of farm workers. They move around a lot. Health care is erratic. They may see a doctor or a dentist only for emergencies.

Compounding the problem, the relatively small local population is widely dispersed and often isolated.

"It's almost like the frontier," says Joan Reynolds, director of the Lake COE's Healthy Start program. Among other things, Healthy Start provides medical and dental information and referrals to local students and families. "Some families don't have cars. There's no really effective bus system. Getting around the lake can take all day," Reynolds explains. "So we load up the van and take kids from school to clinics, then back to school. It's maybe the only way health care is going to happen for some of them."

For example, the COE program operates five health centers on school campuses, but it also actively transports some students to doctors and dentists—including Cooper, the COE board member, who is a practicing dentist. He estimates he sees "about 17 kids each day" on the two days each week he devotes to treatment of children from public schools.

In Director Reynolds' view, Healthy Start works because it reflects a deep, ongoing collaboration between the county's individual school districts and the Office of Education.

"We have staff in all of the school districts in the county, more in some than others," she says. "We try to weave our staff in with whatever health staff the districts have so that we can add more services and connections. … Healthy Start isn't an alternative to district programs, it's in addition to them."

Federal funds helped launch the county's Healthy Start program in the mid-1990s, but those have since dwindled, if not disappeared altogether. State funding such as Medi-Cal is a primary but shrinking source of support, and

the current budget crisis in Sacramento suggests there will be less money in the future, not more. Substantial local funding comes from an old health district tax base, but it fills only part of the need, so the COE also lobbies constantly for funding from federal, state and private sources.

“We just keep going forward,” Reynolds sighs. “We do the best with what we have.”

Young and healthy in Pasadena

Roughly 500 miles south of Lake County’s rural expanse lies the city of Pasadena, an altogether different place. Located within the dense urban sprawl of Los Angeles County, Pasadena squeezes almost three times more people than Lake County into less than 2 percent of the space.

Though the area is comparatively rich in resources, the dilemma of providing school health services is just as challenging there as elsewhere, says Ann Rector, coordinator of health programs at the 21,000-student Pasadena Unified School District. The problem isn’t availability of health services, but affordability and accessibility. Roughly a third of the city’s children have no form of health insurance, according to school district statistics. In Pasadena Unified, 83 percent of the students come from families in the bottom half of census income categories.

“We provide a lot of services to people who are basically poor and uninsured,” Rector says.

The district operates five clinics on its campuses. It works in collaboration with Young and Healthy, a local program established in 1988 to help provide free medical, dental, psychological and case-management services to low-income, uninsured students in the area. The services are provided by volunteer physicians, dentists, therapists and other local health care professionals.

Funding, of course, is the primary and ongoing problem. “The budget is pretty precarious,” Rector says, and the school district’s health services have taken repeated hits over recent years.

District officials have countered by expanding and deepening partnerships with outside entities. They work closely with the city’s health department, occasionally combining services and pairing up in grant proposals.

“It’s an effective way to get more money,” Rector says.

Carol LaVal agrees. A former health services administrator for Pasadena Unified, LaVal now directs the area’s Young and Healthy program.

“I think a problem in [some] school districts is a lack of creativity in funding. You cannot rely anymore on simply getting what you need from the general fund,” LaVal observes. “If you have multiple programs, you need multiple resources. You have to seek support everywhere you can, from grants, outside institutions, other categories of district funds.”

Centralia School District: Pushing, and hoping

In the nearby Centralia School District, a short drive south of the Orange County line in Buena Park, the emphasis has been to look outward. The district consists of approximately 5,000 students attending nine elementary schools. The area is culturally diverse, with 34 languages spoken, but economically constrained. The biggest local employer is the theme park, Knott’s Berry Farm. Most employees are part-time with limited, if any, health benefits.

Centralia Superintendent Diane Scheerhorn says the district works hard to offer health services to its students—and their families. It operates a health clinic run by a nurse-practitioner, with links to 38 local service agencies.

“Anybody can go into the clinic during school hours during the school year,” says Irv Trinkle, the Centralia school board member quoted at the start of this story.

As traditional sources of funding have dried up, Scheerhorn and Trinkle say the district has turned to private possibilities, driven by the determination of school workers to maintain services. They’ve sought support from local companies, universities, foundations and others. A retired Navy senior chief, Trinkle has no problem with asking people to sit down while he tells them what they can do to help.

"You've got to pester people sometimes," he advises.

Nonetheless, Centralia's health services are hardly flush with cash. They still rely primarily upon state funding, which Scheerhorn worries is likely to become scarcer in the foreseeable future. But she, like most education leaders, sees little choice but to push their cause forward and hope for the best. There's no realistic alternative.

No dodging the issue

Critics of school health services, particularly those related to on-campus clinics, have historically cited several concerns. There are the very real issues related to liability and safety, as the California School Health Centers Association's Clayton notes—"issues that every school board has to take seriously and resolve as they work to bring school health services to children in need."

The biggest argument, though, may be the oft-voiced fear that providing extensive health services to students becomes, in time, one more unfunded mandate, another in a long list of expectations for schools already hard-pressed to meet their central mission of educating all children.

There may be truth in that assertion, but many school leaders say there's still no dodging the issue—or the need.

"All school board members have to be aware of the physical side of students and how it affects their ability to learn," says Cooper, the Lake COE board member.

"Kids simply don't learn well if they don't feel well," agrees Trinkle. "If you can help a kid feel better, then he'll do better in school. If that means providing more health services, then that's what we have to do."

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