

Providing school health services

A study of California district practices and needs

Research brief

September 2008

In school districts and county offices of education across California, a growing demand to address children's health needs at or near school sites has been sparked by state and federal mandates, increasing numbers of students with poor health conditions and recognition that student health is linked to student learning.

Schools are responding to the demand by providing a variety of health services. Schools conduct vision, hearing and scoliosis tests in accordance with state law and regulations. School nurses provide services ranging from first aid to emergency care to health education; however, many districts have no credentialed school nurse while others have so few that the nurses have limited time at each school site. School-based health centers increase children's access to health services, especially among uninsured students and students from low-income families who would not otherwise receive services, but currently there are only 153 centers throughout the state according to the California School Health Centers Association.

The California School Boards Association commissioned a statewide study to determine how best to support California's governing boards and superintendents in addressing school health services in their districts and county offices.* This research brief summarizes the major findings of the study. A detailed report on the results of the study and additional resources on student health are available at www.csba.org/wellness.aspx.

Purpose of the study

This study examines board members' and superintendents' views on the provision of school health services in their districts, including their perceptions of:

- The impact of school health services on students' health and educational outcomes and on the school system
- How the provision of school health services compares with other issues and priorities facing board members and superintendents
- What's currently happening in school districts with regard to school health services, including the type and intensity of services offered, where and how they are being provided, and planning and leadership activities to facilitate the provision of services
- Anticipated change in demand for and expansion of school health services, and what's driving that demand

- Barriers and needs in addressing school health services
- Training, technical assistance, tools and other support that would be useful to districts

The study focuses on five major categories of health services that impact learning:

- 1. Medical services:** Services provided to improve students' physical health, such as immunizations, physicals, treatment of illnesses, etc. Doctors, nurse practitioners and physician assistants provide these services.
- 2. Dental/oral health services:** Services provided to improve students' dental health, including screening, cleaning, sealants, restorative care and classroom education. Dental hygienists and dentists provide these services.
- 3. Mental health services:** Services provided to improve students' mental, emotional and social health. These services may include individual and group assessments, interventions and referrals. Certified school counselors, licensed psychologists, licensed therapists and social workers provide these services.
- 4. Prevention and management of chronic illness, including asthma and diabetes:** Services provided to help students manage chronic illnesses, including identification and implementation of physicians' treatment plans, administration of medication, case management, education and awareness programs for students and staff, and coordination with organizations that focus on asthma and diabetes. School nurses and health services coordinators provide these services.
- 5. Healthy weight services:** Services to improve students' nutrition and dietary behavior and to help students maintain a healthy weight. These services may include counseling on nutrition and eating disorders, classroom nutrition education and body mass index screening, surveillance and intervention services. Qualified child nutrition and health professionals provide these services and may provide linkages with nutrition-related community services.

Within each of these categories, the survey asked about five specific types of services: education of students, education of staff, screening/surveillance, management/monitoring and treatment/clinical services.

Note that this research was not intended to assess the actual provision of school health services in the state. Rather, it reflects the perceptions and knowledge of governing board members and superintendents about the status of school health services in their district.

* Individuals from county offices of education participated in answering the survey questions; however, there is no differentiation in the survey answers between districts and county offices.

Methodology

In fall 2007, 4,206 school board members and superintendents throughout California were invited to participate in an online survey. The survey generated 1,081 responses for a response rate of 26 percent. In addition, 14 responses were received from attendees at CSBA's Annual Education Conference and Trade Show, for a total of 1,095 responses. These responses represent 58 percent (602) of the solicited school districts in California. While 1,095 respondents began the survey, a core group of 785 respondents answered a substantive number of survey questions.

About two-thirds of the respondents (64 percent) are board members and officers. The remainder of respondents consisted of superintendents (27 percent) and other district administrators including assistant superintendents, directors/coordinators of health services, directors/coordinators of student support services, district/school nurses and health coordinators (10 percent).^{*} The respondents' districts represent a range of district sizes, locations, grade levels and student demographics.

Additional data was obtained through three focus groups conducted with board members and superintendents at CSBA's 2007 Annual Education Conference and Trade Show; each 90-minute focus group session included nine or ten participants, for a total of 29 participants.

Results

Survey responses were evaluated for the sample as a whole and were compared on the basis of district size, locale (urban, suburban, rural), geographic location within the state, grade levels, percentage of minority students enrolled in the district and socioeconomic status of district students (qualification for free and reduced-price lunch).

In addition, results were compared on the basis of the level of health services currently provided by the district, calculated as a "district health services score." The number of health service categories provided by the district (medical, dental/oral, mental health, chronic illness prevention/management and healthy weight services) was multiplied by the number of types of services provided within each category (education of students, education of staff, screening/surveillance, management/monitoring and treatment/clinical services) for a total of 25 possible points for any one district. The scores were grouped into low (0–8 points), medium (9–14 points) and high (15–25 points) levels of service.

Positive impacts of school health services

Governing board members and superintendents perceive that school health services have positive impacts beyond their direct health benefits to students, extending to learning

and achievement, student attendance and behavior, school relationships with communities and families and the ability of teachers to focus on instruction.

On a six-point rating scale where 1 = strongly disagree and 6 = strongly agree, survey respondents indicated that the most positive impacts of the provision of health services are for the following (with 60–64 percent of the respondents strongly agreeing):

- Reduces student absenteeism (average rating 4.75)
- Improves the health status of students over the long term (average rating 4.71)
- Increases academic achievement (average rating 4.68)
- Facilitates student learning (average rating 4.65)
- Creates not only healthy kids but a healthy school system (average rating 4.62)

It is also noteworthy that very few respondents believe that a district's provision of school health services detracts from the district's core academic mission; only 15 percent strongly agree (rating of 5 or 6) while 57 percent strongly disagree (rating of 1 or 2). Nor do many respondents agree with the statement that provision of health services is *not* an appropriate use of school time and resources (16 percent strongly agree it is not appropriate, while 56 percent strongly disagree).

District priorities

Despite the positive impact attributed to school health services as noted above, respondents place the provision of health services in the middle of their list of district priorities.

On a six-point scale where 1 = not a priority and 6 = top priority, school health services received an average rating of 3.63, with 26 percent of the respondents giving it a rating of 5 or above and 56 percent giving it a rating of 3 or 4. Thus, while school health services were not rated as a high priority, neither were they viewed as a low priority by the vast majority of respondents.

A breakdown of the data by locale reveals that school health services are a higher priority for respondents from urban districts than for those from rural and suburban districts; 42 percent from urban districts rated school health services as a top priority (5 or higher), compared with 27 percent from rural districts and 21 percent from suburban districts.

In addition, school health services rate as a higher priority for districts that currently provide a high level of health services. School health services were given a top rating (5 or higher) by 43 percent of high-level-service districts, 26 percent of middle-level-service districts and 4 percent of low-level-service districts, the largest variance of any priority issue tested in the survey.

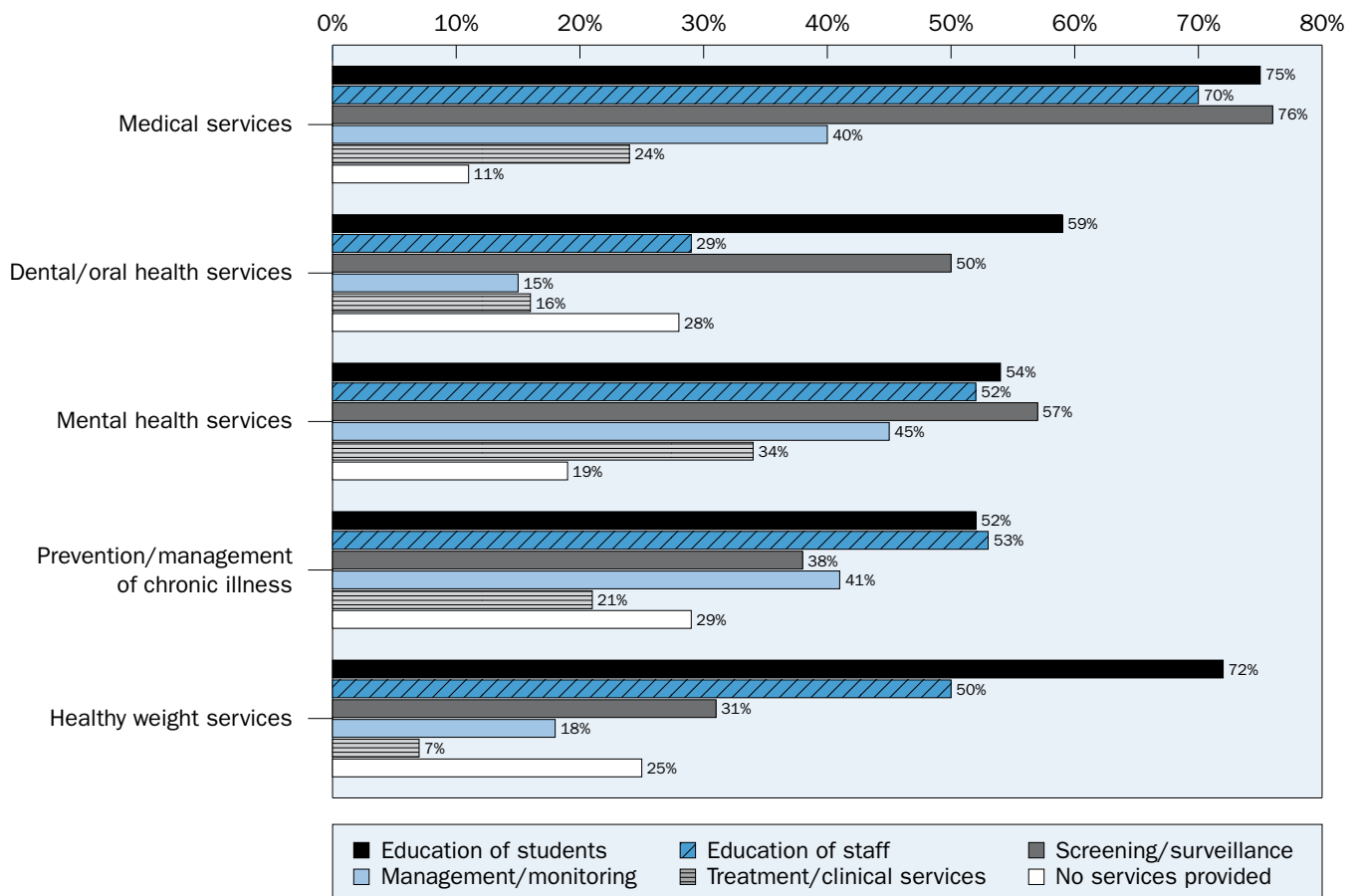
^{*} Survey results throughout this brief may not equal 100 percent due to rounding.

Provision of school health services

With regards to the current level of services provided, study results indicate that:

- Of the five health service categories, survey respondents' districts are most likely to provide medical services and least likely to provide dental/oral health services and services linked to the prevention/management of chronic illness. Also, districts more routinely educate students and staff and conduct screening and surveillance than provide management/monitoring and treatment/clinical services. (See figure 1.)
- Provision of health services is concentrated at the elementary and middle school levels, where 78 percent or more of the respondents indicate their district provides service. Dental/oral health services are an exception and are provided primarily at the elementary school level and fall off markedly at the middle and high school levels.
- Typically, 20 percent or fewer of a district's students receive health services through the district. However, in 10–27 percent of respondents' districts, two-thirds or more of the students receive health services through the district (with the exception that only 5 percent of the districts provide mental health services to this many students). Districts provide healthy weight services to the most students.
- High-level-service districts are providing education, surveillance and treatment services across all five health service categories at a higher rate than other districts, and serving proportionately more students in their districts.
- Large-enrollment districts (over 20,000 ADA), districts with above-average (over 60 percent) minority student enrollment and urban districts are supplying a higher level of school health services than other districts.
- Nearly one-quarter (22 percent) of the survey respondents indicated that their district has or is in the planning stages of having a school-based health center, while 78 percent are not. School-based health centers are more common in urban districts in the survey (46 percent) compared to suburban (17 percent) and rural (13 percent) districts, and are operated most often by the district (57 percent) or a community health center (33 percent). Districts with a school-based health center generally provide more

Figure 1 | Health services currently provided by districts



health services and the types of services they provide are more likely to extend to treatment/clinical services and management/monitoring services.

- Few of the focus group participants said their district is providing comprehensive health services; the majority believes their district is “just getting by” or barely on target.

District leadership activity

Respondents report the most leadership activity around addressing government regulations and guidelines related to school health services; 26 percent are in the discussion/planning phase, 33 percent have activity in progress and 13 percent have completed this activity, while just over one-quarter (28 percent) indicate that no action is underway.

On the other hand, approximately half of the survey respondents reported that no action is currently underway on the following leadership activities:

- Developing a health services plan to meet the needs of students in the district (50 percent)
- Developing a system to evaluate the impact of the school health services plan (54 percent)
- Developing a system to ensure effective implementation of the school health services plan (44 percent)
- Developing and negotiating a partnership to deliver health services (52 percent)

Respondents in urban districts and districts with average to above-average minority student enrollments report the highest levels of leadership activity.

Anticipated change in demand for services

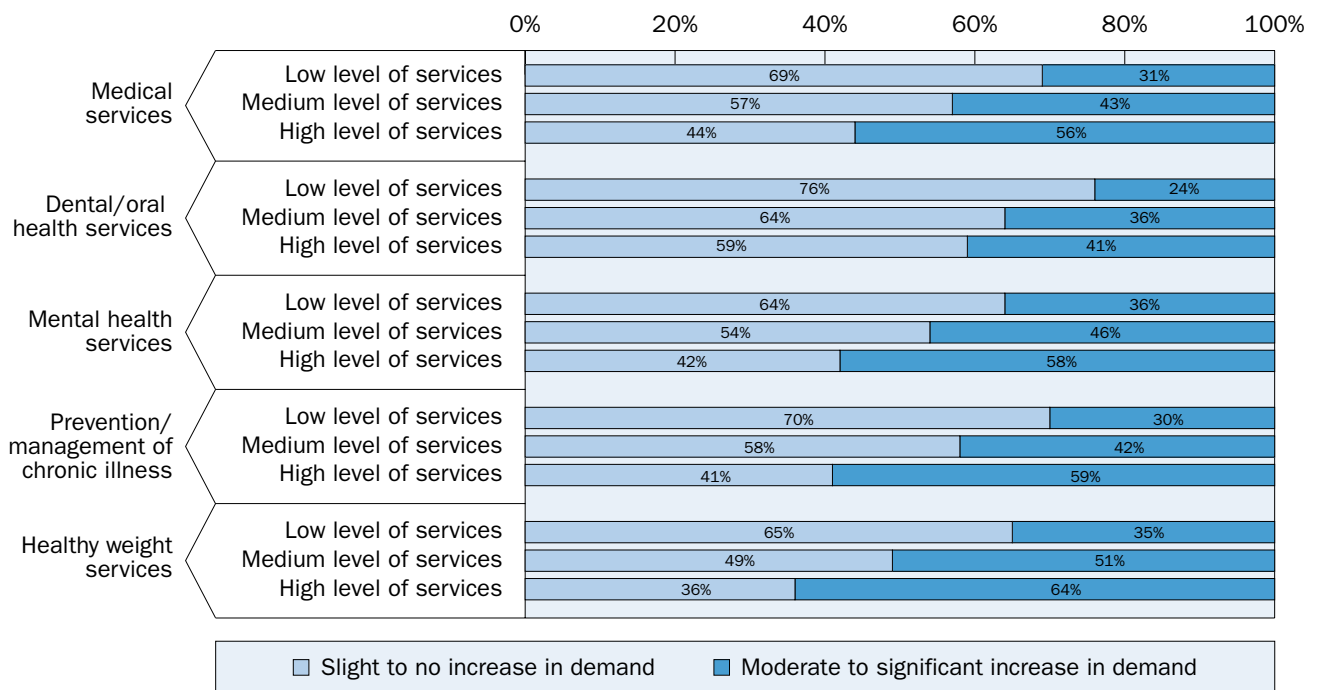
The majority of respondents expect some increase in demand over the next three years for each of the five categories of health services addressed in this research (see figure 2). The greatest increase in demand is anticipated for healthy weight services and mental health services, with 48 percent and 45 percent of respondents, respectively, expecting a moderate or significant increase. Least likely to increase is demand for dental/oral health services, with 32 percent expecting moderate or significant increase.

Anticipated increase in demand is correlated with the level of health services provided by a respondent’s district. The majority of those anticipating a moderate to significant increase in demand are from districts that already provide a high level of service and the majority of those who anticipate slight or no change in demand are from districts that currently provide a low level of health services. Anticipated increase in demand is also higher among urban districts and among districts with average to above-average percentages of minority students and students who qualify for free and reduced-price lunch.

Significant factors influencing demand for services (rated as a major or moderate factor by respondents) include:

- Government regulation (72 percent)
- Increasing number of district students with nutrition and weight problems (67 percent), physical health problems (62 percent), chronic illness (60 percent), mental health problems (60 percent) or dental/oral health problems (47 percent)

Figure 2 | Anticipated change in demand for health services vs. district health services score



- Push to improve academic achievement (61 percent)
- Increasing number of uninsured children (57 percent)
- Parent demand (51 percent)

Anticipated expansion of services

Respondents were asked to rate the likelihood that their district will expand services in the next one to three years, using a four-point rating scale where 1 = not at all likely and 4 = very likely. Although none of the average ratings reached 2.00 (somewhat likely), the greatest likelihood of expansion was for healthy weight services (1.98), followed by prevention/management of chronic illness (1.78), mental health services (1.77), medical services (1.54) and dental/oral health services (1.46).

Districts already providing a high level of school health services report a greater likelihood of expansion. For example, high-level-service districts are more likely than low-level-service districts to expand medical services (59 percent vs. 28 percent), dental/oral health services (51 percent vs. 20 percent), mental health services (69 percent vs. 40 percent), chronic illness prevention/management (78 percent vs. 38 percent) and healthy weight services (80 percent vs. 55 percent).

Focus group participants also generally believed that the issue of school health services will require greater attention from their boards over the next three years. Only three participants stated that their board would have no real change in its attention to the issue. The high public profile of the child obesity issue, growing number of special needs students enrolled in schools, heightened demand on school health professionals related to providing services to such children and a changing regulatory climate are recognized as factors that have combined to force the provision of student health services onto the agenda of most governing boards.

Barriers and needs

Financial concerns and other systemic and infrastructure barriers top the list of challenges that district governance teams face in addressing school health services (see *figure 3 on page six*). On a six-point scale where 1 = not a challenge and 6 = major challenge, the need for adequate funding and a financing strategy were rated as major challenges to health service provision by over three-quarters of respondents (average ratings of 5.60 and 5.31, respectively). These were followed closely behind by challenges related to staffing (4.86) and adequate facilities (4.68). Other systemic and infrastructure issues rated as major barriers by respondents include liability issues (4.26) and developing partnerships with health care providers that can deliver services (4.20).

A second tier of barriers, with average ratings from 3.27 to 4.07, relates to knowledge and capacity within the district to address school health services. The third, and least challenging, tier of barriers includes stakeholder support:

from the community, governing boards, parents, school administrators and staff, and students.

“As many respondents to this survey [or participants in this research] recognize, health services can make a critical difference in a child’s ability to learn. We don’t want to see health centers competing for funding with textbooks and teachers because all are critical to the success of our children. But it is not a zero-sum game. The findings in this study reinforce the value of collaborative efforts at the local level. Partnerships with health care providers, community organizations, businesses, and county agencies can expand the resources available to schools for health, mental health, and other services that contribute to student achievement.”

—Serena Clayton, executive director,
California School Health Centers Association

Support and technical assistance

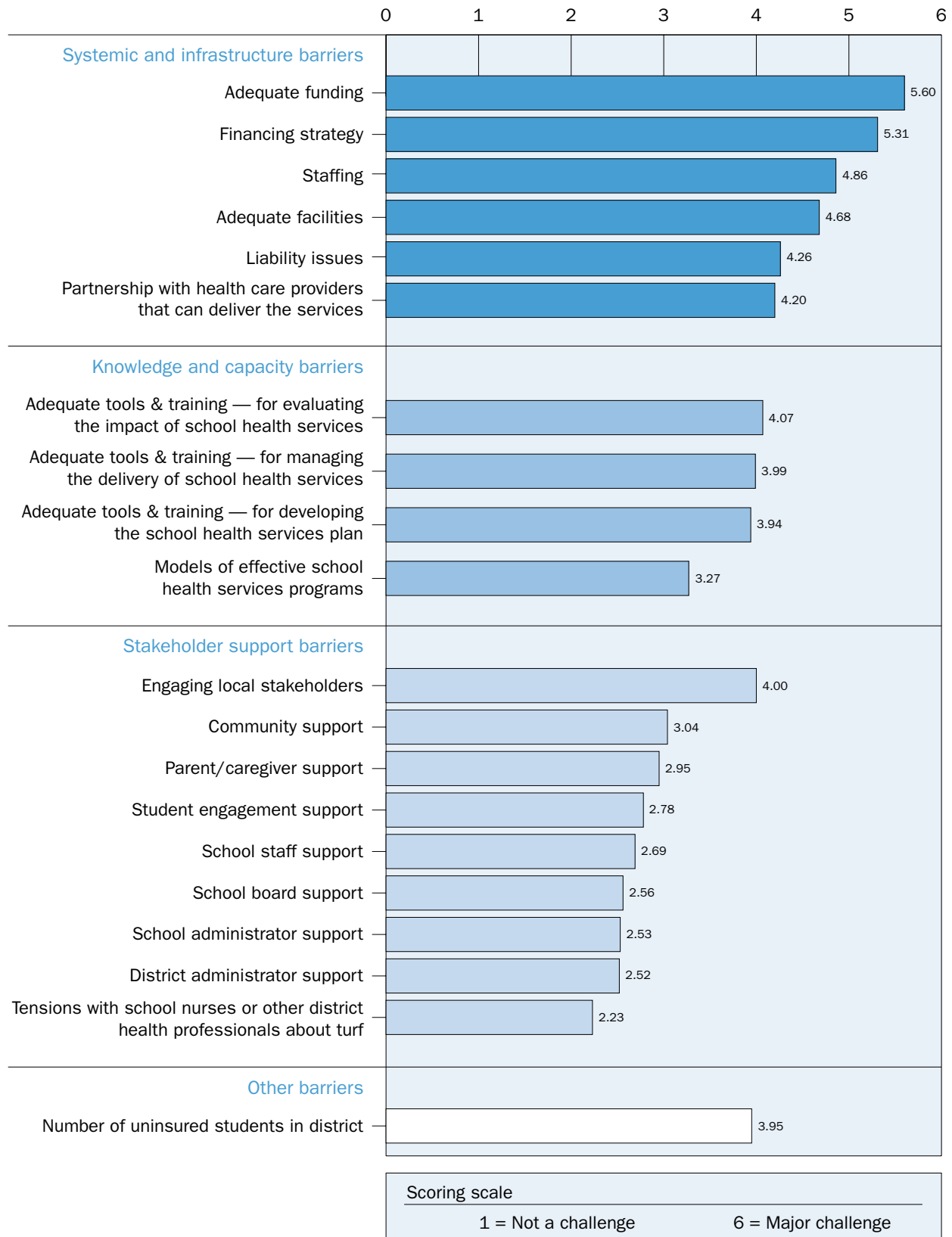
Board members and superintendents rated almost all of the technical assistance topics listed in the survey (including topics related to policy/administration, finance, infrastructure/staffing/integration, school-based health centers, partnerships/collaboration/evaluation and parent/community buy-in) as valuable (average rating of 4 or higher on a six-point scale where 1 = not at all valuable and 6 = very valuable), with assistance related to financial issues topping the list.

Technical assistance topics rated as at least 4.5 include:

- Public funding sources (5.18)
- Private funding sources (4.98)
- Linkages to insurance (4.74)
- Fiscal management (4.61)
- Staffing needs and qualifications for delivering school health services (4.60)
- Identifying and developing partnerships to deliver school health services (4.60)
- Communications with parents and the community (4.59)
- Coordination with school nurses and other on-site health services and wellness activities in the school district (4.53)
- Processes for parental input (4.52)
- Relationships with community organizations (4.51)

Consistent with these findings, financing tools and guidelines were cited by the most respondents (71 percent) as being a useful school health services tool. Other highly useful tools include sample policies related to school health services

Figure 3 | Average score indicating barriers to providing school health services



(69 percent), guide or how-to materials for developing a school health service (63 percent), model memorandums of understanding or other partnership agreements with service providers (59 percent) and staffing guidelines and agreements (56 percent).

Discussion and recommendations

This research finds that board members and superintendents understand the link between student health and learning and generally agree that promoting student health is an appropriate role for districts. Virtually all of California's districts offer some type of student health services, although the numbers and types of services vary by district size, locale and student demographics.

However, governance team members often do not rate the provision of health services as a high priority for their district. An examination of the extent to which health services are aligned with and are able to meet student needs was beyond the scope of this study, but comments from survey respondents and focus group participants suggest that the demand likely outweighs the current availability of school health services. Respondents anticipate growth in demand for some health services, but their districts are not yet taking action to expand the services they offer. Respondents cite a number of barriers, largely financial and infrastructure barriers, which interfere with their ability to provide services.

The research suggests a number of ways in which CSBA and other education and health-related agencies and organizations can assist school districts in their efforts to provide high-quality health services for students, including technical assistance and support on a variety of topics.

In addition, the research leads to the following recommendations for district governance teams:

- 1. Set direction:** When setting direction and establishing goals for the district:
 - a. Review research and engage in discussions about the link between student health and learning in order to increase understanding and support of the entire board team, staff, parents and the community.
 - b. Evaluate information regarding current and anticipated health needs of students and resources and services currently available in the district and the community.
 - c. Align district goals with the belief that student health is linked to student performance, and determine district priorities for health services based on student needs and state or federal mandates.
- 2. Establish an effective structure that supports the district's vision:** Begin or continue leadership activities to support the provision of school health services, including the development of a health services plan and policies and systems to ensure effective implementation and evaluation

of the plan. As part of the plan, develop strategies to address funding, facility and staffing issues that may pose barriers to the provision of school health services.

- 3. Provide support to the superintendent and staff:** Seek out technical assistance, training and tools to help build the district's capacity to provide school health services, especially on topics related to financial issues, staffing needs, partnership building, communications with parents and the community, and coordination of health and wellness activities in the district.
- 4. Ensure accountability for district programs:** Establish a schedule for the board to receive updates regarding the district's health-related services and programs, as well as indicators that will be used to monitor program implementation and evaluate program success.
- 5. Engage in community leadership:** Engage parents and other stakeholders in program planning, implementation and evaluation. Also coordinate efforts with local health agencies and professionals and negotiate partnerships with local health care providers who can deliver the services to district students.

Resources

The following resources provide additional information about school health services and related issues:

CSBA

www.csba.org

Provides policy briefs, publications and other resources on a variety of student health issues, including sample district policies and administrative regulations on school-based health services, student wellness, health examinations, health screening for school entry including oral health assessments, administration of medication, asthma management, infectious diseases, comprehensive health education, and community collaboration on youth services.

California Department of Education, Health Services and School Nursing

www.cde.ca.gov/ls/he/hn

Provides resources on a variety of school health services issues, such as asthma management, diabetes management, immunization requirements, influenza prevention, vision and hearing testing, and oral health assessment.

California Department of Health Care Services

www.dhcs.ca.gov

Finances and administers a number of individual health care service delivery programs, including the California Medical Assistance Program (Medi-Cal).

California School Health Centers Association www.schoolhealthcenters.org

Provides information and monthly updates on potential funding for school-based and school-linked health programs as well as resources related to health center policies and operations, communications and advocacy.

California School Nurses Organization www.csno.org

Promotes the role of school nurses in the educational community by providing professional development, legislative advocacy and communications for school nurses.

Centers for Disease Control and Prevention www.cdc.gov

Periodically conducts a survey on the provision of school health services through the School Health Policies and Programs Study (www.cdc.gov/HealthyYouth/shpps).

National Assembly on School-Based Health Care www.nasbhc.org

A national organization that promotes and supports school-based health centers. Publishes *Creative Financing for School-Based Health Centers: A Tool Kit* and conducts a cost survey to gather data on total school-based health center annual operating costs.

National School Boards Association www.nsba.org

NSBA recognizes the critical link between health and learning and the role of schools in promoting life-long health and preventing health risk behaviors. NSBA's School Health Programs helps school policymakers make informed decisions by providing relevant and up-to-date information, technical assistance, and professional development on a variety of school health issues.

The California Endowment www.calendow.org

A private, statewide health foundation whose mission is to expand access to affordable, quality health care for underserved individuals and communities and to promote fundamental improvements in the health status of all Californians.



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