

Guidance Document
Strategies for Improving Communication and Collaboration
Between Local Educational Agencies and Local Health
Departments

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June 23, 2011

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Why Should Local Educational Agencies (LEAs) and Local Health Departments (LHDs) Collaborate?

For purposes of this guidance document, LEAs include individual schools, school districts, and county offices of education (COE). Likewise, LHDs signify public health departments that serve a county or special district.

The current challenging financial climate across California calls for greater collaboration between entities who serve similar populations or whose missions overlap. Continuing budget cuts are pushing both public and private organizations to increasingly partner with institutions that can assist in rounding out each other's services to reach mutual goals. New potential funding sources (foundations, government programs, retail alliances, etc.) for health departments and educational systems are progressively requiring grant recipients to demonstrate they are working or will work closely with multiple community organizations and/or constituents to plan, develop, implement, and evaluate their strategic plans.

In this regard, LEA and LHD staff are gaining an understanding that there indeed is some commonality in their purpose. While LEAs primarily focus on helping students gain academic achievement, LHDs specialize in developing policy, environmental supports, and messaging to assist students and school staff to adopt healthy lifestyles. A vital link between the missions of LEAs and LHDs is personal health. Healthy students possess a much greater potential to attend school, learn well, and graduate. Beyond academic success, schools should embrace the broader goal of preparing students to successfully function as adults. LHDs can provide expertise relative to improving student and staff health to support enhanced academic performance.

Likewise, LEAs can assist LHD function as schools serve as potentially excellent communication channels to promote LHD services and convey health messages to students and parents. LEAs also sponsor events where LHD staff and volunteers may participate to build relationships with parents and community organizations. Finally, LHDs can work with school nurses who can function as virtual extensions of public health nurses to expand LHD impact.

School Health Connections

This guidance tool was prepared within the framework of School Health Connections (SHC), a partnership between the California Department of Public Health and the California Department of Education. SHC, funded by the Centers for Disease Control and Prevention, seeks to improve student health and academic achievement through the united efforts of local school and public health staff, parents, students, community partners, and state leadership. These allies contribute to provide health instruction and services, a safe and supportive school environment, and school staff modeling of healthy behaviors. SHC specifically provides educational and policy resources, technical assistance, professional development, communications, and participates in collaborative efforts with partner organizations to support integration of coordinated school health (CSH) measures within school districts and their affiliated school sites.

The Coordinated School Health Model

As previously mentioned, SHC operates within the framework of the CSH model. CSH includes and builds upon eight components: physical education; health education; nutrition services; health services; a healthy school environment; school staff health promotion; counseling, psychological, and social services; and family and community involvement. The CSH approach recognizes and builds on the connection between health and academic success. This model cuts across and integrates multiple strategies within schools to help ensure that all efforts and resources combine to produce the most positive overall outcomes.



Three Surveys – The Basis for This Guidance Document

Since SHC works from the CSH paradigm, which recognizes the importance of engaging community entities to play a role in increasing student success, SHC – during 2009 and 2010 – conducted surveys of three California constituent groups: school board members, high-level LHD staff, and directors of school district health services departments. The purpose for implementing these surveys was to determine:

- 1) The areas where LEAs and LHDs are now working together to improve overall school function and impact, including educational and wellness services offered to both school staff and students.
- 2) New areas/topics for which LEAs and LHDs could work together to improve school function, impact, and outcomes.
- 3) How well LEAs and LHDs are now collaborating and communicating to improve student and staff health.
- 4) Additional strategies that could be employed to improve LEA and LHD collaboration and communication.

Regarding the validity of survey responses utilized to prepare this document, it should be noted that:

- 1) LHD staff from 34 of California's 61 counties or special districts completed their survey (via Survey Monkey).
- 2) A convenience sample of nine school district health services directors, selected from throughout California, completed a phone survey interview.
- 3) Only 5.8 percent (161) of contacted school board members responded to their survey (via Survey Monkey). (Only one response from each participating school district was included in the data analysis.)

Disclaimer

The descriptions of current collaboration and the suggestions for increasing interaction between LEAs and LHDs are by no means comprehensive. This document predominately focuses on LHD services promotion, health services, health education, training, and joint meetings with less attention directed at environmental and systems change supported by policy adoption and implementation. Yet the presentation of many examples of how LEAs and LHDs may initially link their efforts serves as a practical guide for solidifying the relationship between these two entities. Once suitably connected, LEAs and LHDs will be best positioned to engage in more robust strategies to enhance student health and academic achievement. Such approaches include development and implementation of comprehensive health policies, joint-participation on wellness committees, development of joint land use agreements, and integration of systems changes that support student and school staff health.

Current Collaboration & Communication between LEAs and LHDs

The survey of school board members produced a very telling statistic. School districts reporting that their effectiveness in communicating with their LHD ranked good or excellent were eight times more likely to rate their CSH implementation as good or excellent compared to school districts who reported their communication effectiveness with their LHD was either fair or poor. This finding suggests that school districts that interact well with their LHD are much more likely to effectively implement health measures in their district.

According to the LHD staff survey, following are the top ten activities, in descending order, which occurred when LEAs and LHDs collaborated:

- 1) Communicable disease investigation.
- 2) LHDs serving as a resource for LEAs.
- 3) Data sharing.
- 4) Health policy/guidelines development.

- 5) Joint participation in health focus groups.
- 6) Program implementation.
- 7) Emergency preparedness.
- 8) Program development.
- 9) LHD training school staff.
- 10) Proactive development of interdepartmental relationships.

When it came to school health policies, LHD contribution to policy development most commonly related to these three topics: communicable disease, wellness, and nutrition.

When school district health services directors were asked to describe those services/issues for which LHD assistance was most often requested, here is what they shared:

<u>Health Issue</u>	<u>Assistance Requested (Provided)</u>
Communicable disease reports	Provide training/guidance on steps to treat and report tuberculosis (TB) cases, including instruction for when to exclude students not vaccinated for measles. Train staff when and how to report disease/illness. Provide trainings on emerging infectious diseases.
Communicable diseases	Confirm disease diagnosis. Verify whether or not follow-up is needed per confirmed disease diagnosis. Track down students who potentially have a communicable disease. Provide a parent letter describing why a given student must temporarily experience exclusion from the classroom. Provide updates on mononucleosis. Investigate disease outbreaks from contaminated food (e.g., test kitchen for source(s)).
Diabetes	Provide training on disease management, procedures, injections, and protocols. Perform blood glucose testing.
Disease outbreak surveillance	Disease investigators address disease outbreaks at school site.

<u>Health Issue</u>	<u>Assistance Requested (Provided)</u>
Emergency preparedness	Help develop plans/procedures for responding to emergencies. Participate in county planning group. Organize joint conference. Create and participate in joint-response to emergency drill. Tell what/how to do relevant data collection. Advise when it is safe to go outside during a regional fire (regarding airborne ash issues, etc.).
Environmental hazards	Provide water testing, toxin checks, inspection for mold, and inform regarding remedies.
Head lice	Staff training on condition and treatment.
Health center	Procedures training. Vaccine storage protocol. Equipment testing. Laboratory control.
Hepatitis A	Manage alert system (email & phone) for disease outbreak. Investigate and provide referrals for outbreaks. Contract to provide staff for school clinics.
Immunizations	Provide nurse training on current protocols (including need for booster shots). Participate in county-wide school nurse meetings. Provide referral for families (follow-up). Advise school staff when to exclude students from school. Provide immunizations to students at a non school-site LHD clinic. Maintain registry to record what immunizations are provided to students. Provide parent letter describing why a designated student must temporarily be excluded from the classroom.
Lead	Provide a list of candy that includes lead as an ingredient. Conduct media campaigns to inform community members about the dangers and sources of lead. Provide related training for district staff.
MRSA (staph infection)	Provide training for school nurses and teachers on recognizing signs of infection and how to clean infected sites/areas. Provide guidance (printed materials) for parents when students are sent home.

<u>Health Issue</u>	<u>Assistance Requested (Provided)</u>
Obesity prevention	Participate in county-wide collaboratives (nutrition, physical activity (PA), chronic disease prevention focus) and in health fairs at schools. Help coordinate safe and healthy schools campaign. Provide height, weight, and BMI checks. Participate on School Health and Physical Education Committee. Provide nutrition and PA training, presentations, and curriculum materials for staff, students, and the community (parents).
Oral health	Promote fluoridated water.
Pandemic influenza	<p>Help conduct vaccination clinics at school sites (providing public health nurse support). Provide vaccinations for the whole family. Supply vaccine/syringes, gloves, masks, and respirators. Consult regarding vaccine storage.</p> <p>Provide educational posters and other materials for both staff and parents. Conduct disease surveillance. Provide joint workshops for nurses and an online program for parents. Handle media inquiries and provide informational messages to the media. Provide parent letter describing why a given student must temporarily be excluded from the classroom.</p>
Sexually transmitted diseases	Provide training for middle school and high school teachers, along with school nurses. Provide prevention and testing education (including materials) for students and counseling/treatment for carriers. LHD staff to participate on the Task Force for Reproductive Health.
Student physicals	Provide Child Health Disability Prevention physicals at some schools. Provide pediatricians & nurses to perform physicals.
Teen parenting	Provide California School Age Families Education program services. Provide counseling to pregnant teens to sign them up for private consultation to acquaint them with supportive services. LHD nurse provides well-baby checks for teen parents.
Tele-medicine	Provide explanatory health brochure.

Health Issue

Assistance Requested (Provided)

Tobacco Use Prevention Educ. Participate in Tobacco Use Prevention Education grant collaboration. Operate mobile “Tobacco Bus of Horrors” showing how tobacco destroys the body. Provide tobacco cessation classes and educational materials for school staff and adults in the surrounding community. Survey community practices/norms concerning tobacco use. LHD participate in health fairs.

Tuberculosis (TB) Offer TB testing and treatment for active disease. Provide standards training, screening (including chest X-rays and observation), and follow-up.

When high-ranking LHD staff was asked about the eight CSH components, they said their employees would most likely provide either training or professional development on these four topics: health education, nutrition services, healthy school environment, and physical education. Beyond CSH, LHD staff indicated their departments would most like to expand delivery of services to schools related to chronic disease prevention, management, and surveillance, along with school-based health services. When it comes to LHD communication with school nurses, the top four topic groups discussed are communicable diseases, health promotion, emergency preparedness, and chronic disease management.

Overall, 53 percent of LEAs rated their collaboration/communication with LHDs as either good or excellent. In contrast, 85 percent of LHDs rated their collaboration/communication with LEAs as either good or excellent.

Leading Barriers to Communication and Collaboration between LEAs and LHDs

There was much agreement between all three surveys regarding the leading barriers to communication and collaboration between LEAs and LHDs. LHD staff and school board members stated the top barriers as:

- 1) Shortage of staff.
- 2) Lack of funding.
- 3) LEA is unaware of the breadth of LHD services.
- 4) There is no perceived need or sufficient overlap in mission statements.
- 5) The contacts for various LHD services are unknown (hard to determine).

The school district health services directors thought the most common communication/collaboration barriers were:

- 1) Lack of school district staff to participate in joint efforts.
- 2) School district staff is unaware of the breadth of LHD services.
- 3) The school district does not view health as a priority.
- 4) LEA staff is not sure who to contact for a given LHD service.

How to Improve Communication and Collaboration between LEAs and LHDs

Only LHD respondents were asked if they would like to improve collaboration between their departments and LEAs. Fifty-eight percent said they desired either a high or moderate degree of improvement. Another 24 percent hoped for a small degree of improvement.

School district health services directors were asked what steps they had taken to improve collaboration and communication between their school districts and their LHDs. Following are their responses:

- 1) District staff commonly initiates communication with their LHD on various issues.
- 2) They requested that a LHD representative sit on their district wellness council.
- 3) They asked the LHD to designate a “school liaison” who would serve as a gateway or first contact for school staff to approach when seeking any service from the LHD.
- 4) They abide by LHD standards applicable to schools.
- 5) They participate in LHD meetings and collaboratives regarding issues or functions, such as obesity and influenza, emergency preparedness, H1N1, topic taskforces, and school nurse quarterly gatherings.
- 6) School nurse representatives attend LHD trainings regarding STDs and immunizations.
- 7) They invite public health nurses to attend school nursing conferences.
- 8) A designated school nurse works with the LHD to serve as a conduit for message distribution to all school nurses, as applicable.
- 9) School nurses contact public health nurses for consults, when needed.
- 10) District staff quickly returns calls to the LHD.
- 11) Key district staff regularly invite LHD staff to join them for lunch.

- 12) There is an understanding that for urgent health issues, school nurses may directly contact the health officer.
- 13) District staff collaborates with the LHD to plan emergency preparedness conferences.
- 14) Districts proactively offer school nurse time for LHD initiative implementation.
- 15) Districts invite LHD staff to present at student assemblies (e.g., nutrition, hand washing, etc.) and participate in district health fairs.

When school district health services directors were asked what else their districts could do to improve collaboration and communication with their LHDs, they offered these strategies:

- 1) Develop memorandums of understanding with LHDs regarding joint trainings, school immunizations, and proactive exchange of relevant information.
- 2) Continue participating in LHD standing meetings (school health related), even when pandemic crises settle down.
- 3) School staff needs skill development in publicity and media to support promotion of school activities/operation to LHD so LHD will see the need to work more closely with school systems.
- 4) Districts could publicize relevant LHD services to students and their families.
- 5) They would be happy to disseminate education resources to students and staff if LHD would provide more copies of such materials.
- 6) School entities could reach out more to LHD for assistance in dealing with obesity, type 2 diabetes, healthy nutrition, drug abuse/tobacco, and student immunizations.
- 7) School districts would work more with LHD disaster preparedness, if invited.
- 8) They could connect more with LHD interventions, such as dental clinics.
- 9) Local schools (not just school districts) could interact with the LHD.

The survey of school district health services directors also asked respondents what they thought LHDs could do to improve collaboration and communication with LEAs. Following are their suggestions:

- 1) **Promote services better:** LHDs could advertise their services much more effectively (especially targeting school staff as appropriate per a given issue). Most school staff remains uninformed regarding the breadth of services LHDs can provide for schools and students, both on- and off-site from campus.

2) Create or improve informational products and development or use of listservs:

- a) Create a miniature “quick guide to services” that includes key contact names, phone numbers, and email addresses.
- b) Keep LHD website content current.
- c) Put school nurses and other school staff on LHD chronic disease listservs.
- d) LHDs are encouraged to connect with the lead for health and early childhood services at the COE who has a listserv to reach all school health staff in a county.
- e) LHDs could develop, with school system support, listservs for each of these groups: 1) superintendents, 2) health services directors, 3) site principals, 4) school board members, and 5) health teachers. Then health information can go out (selectively) to these groups as applicable. (In many cases, basic health information should be forwarded to all five groups.)
- f) LHDs could work with COEs to convene school staff to generate consensus for developing protocols, etc.

3) The lead department for a committee or initiative needs participating staff from the other department:

- a) LHD staff could participate in the school district’s CSH council.
- b) A public health nurse could join and attend school nurse coordinating meetings.
- c) LHD emergency preparedness meetings/trainings could include staff from all the departments (including LEAs) who will need to work together to respond to an actual crisis.

4) Avoid service duplication: CHDP clinics sometimes provide duplicative services already available from nearby community agencies. (Check this out on a case-by-case basis.)

5) More efficient communication is needed, especially during emergencies:

- a) In emergency situations, the health officer could send out information simultaneously to the COE and all the school districts (instead of only to the COE).
- b) Public health officers may want to consider communicating directly with district superintendents regarding crucial and/or emergency information.

- c) Consider using email (and similar technologies) to more quickly disseminate health information to school nurses.
- d) Use technology (webinars and teleconferences) to include school nurses in isolated areas to participate in important health meetings.

6) Improve information timing and uniformity:

- a) Provide consistent messaging regarding emergency issues (e.g., H1N1).
- b) Keep school districts up to date on current health issues.

7) To initiate long-term change, work through the lines of authority: LHDs are encouraged to work more closely with COEs, which can serve as a driving force for incorporating health curriculum and protocols into school districts.

8) Do more to address specific topics and issues prioritized by schools:

- a) Provide assistance for student asthma management.
- b) Provide bicycle safety information.
- c) Provide more vaccine and allow school nurses to administer vaccine to students at school.
- d) Eliminate any health services eligibility criteria that exclude recipients from receiving related services.

9) Help improve school environments:

- a) Help improve access to “green spaces” where students can play/recreate.
- b) Promote joint use (especially for parks and recreation facilities).

10) Work through the school system to implement outreach to families:

- a) Anytime LHDs are conducting outreach to families, they are encouraged to work with schools to disseminate these messages (including parent fliers and notices posted in news letters for principals).
- b) LHDs are encouraged to connect with school nurses to learn about the needy families school nurses serve and to share with school nurses what LHD services are available to assist these families.
- c) Consider attending community and parent events to further build relationships working with the public.

11) **Coordinate all student services providers in a region:** Help link all service providers in the county so students can receive referrals for all needed assistance through one quasi-system in order to bridge all service gaps. Health care is often so patchwork. It needs to become more integrated.

12) **Overarching recommendations:**

- a) Increase LHD operational transparency and responsiveness.
- b) Focus more on early intervention, especially for students in elementary and junior high grades.
- c) Employ more public health nurses who can network with school nurses.

The survey of school district health services directors included an inquiry regarding what additional services schools and school districts would like LHDs to provide for them. Here are the responses:

1) **Provide more prevention education at school sites:**

- a) Provide more prevention education for students at school on a variety of health topics, including dental education and bicycle safety.
- b) Provide prevention instruction for both school staff and students on topics including communicable diseases, nutrition, obesity prevention, and mental health etc.
- c) Do more for pregnant and parenting teens (e.g., pregnancy prevention, home visits, crib-car seat provision, and home environment safety checks relative to small children residing in the home).
- d) Provide parenting information to families whose children frequently fail to attend school.

2) **Provide more educational materials for schools:**

- a) Offer a greater variety of educational health materials for classroom use.
- b) Create a handout that informs teachers and school staff teachers how to know when a child is sick and in need of immediate medical attention.

3) **Provide relevant training for school nurses, including instruction on how best to work with LHD tuberculosis doctors.**

4) LHD staff could serve as members on LEA committees:

- a) An LHD staff person is encouraged to participate on the district school health council.
- b) Public health nurses and school nurses could invite their department's counterparts to attend their monthly or quarterly meetings. Also, both groups of nurses might invite the other to relevant trainings.

5) Provide more onsite, clinical-related, and environmental services for students and families:

- a) Perform student physicals and administer vaccines to students at school.
- b) Coordinate school clinic-related operations with local schools to avoid duplication of services. (For example, the LHD may schedule a clinic at a community agency just blocks away from where a school clinic is simultaneously providing the same service(s).)
- c) There are cases when an LHD doctor could sign off on school occupational protocols so that the school could bill Medi-Cal. (In one instance a school could have received \$50,000 - \$60,000 in annual reimbursement.)
- d) Provide more in-home visits (developmental and safety assessments; view interaction between Mom and children, etc.).

6) Initiate and conduct more joint activities/operations with LEAs:

- a) Conduct more joint press conferences and media events regarding health issues that affect schools.
- b) Work with school leadership to produce public service announcements regarding student health issues.
- c) LHD and school staff could work together regarding Health Insurance Portability and Accountability Act (HIPPA) compliance relevant to students that both entities serve. LHD and schools could also reinforce each other's recommendations (e.g., need for immunizations) to students and their families.
- d) When public health nurse advocates promote legislation that would impact (improve) nursing practices, these advocates are encouraged to connect with school nurse advocates to broaden the proposed bill language to likewise address the related needs of school nurses.

7) Understand and value school systems better:

- a) For health crises that affect students, LHD staff may want to work closely with school staff who are more familiar with the school/family culture and can advise on how best to work within these venues.
- b) Bring school staff into the loop early regarding all school/student initiatives and activities.
- c) LHDs are encouraged to view school nurses as extensions of public health nurses.
- d) LHDs should seek to know and utilize school district lines of authority for message distribution.

When LEAs reach out to work with their LHDs, they are encouraged to frame their approach to integrate at least one of the four top LHD operational motivators (based on the LHD survey) for collaborating with schools (in descending order):

- a) To improve health outcomes of students, staff, and parents.
- b) To achieve the LHD's formal mission.
- c) To reach more people to safeguard and improve their health.
- d) To draw upon school staff expertise to complement and enhance LHD understanding and practice.

Summary

LEAs and LHDs are currently communicating and collaborating together, but there is room for improvement. Both systems need to better understand the role, infrastructure, resources, and services provided by the other entity.

LHDs are expressly encouraged to:

- a) Provide training and technical assistance to school systems per LEA's stated interests.
- b) Assign an LHD staff member to serve as the lead to triage all inquiries from school entities requesting some form of LHD service.
- c) Effectively communicate to all local school districts and school sites the name and contact information for the LHD school lead specified above.
- d) Arrange meetings with all area-relevant school staff to share information regarding all LHD services that are available to school systems and students.

Likewise, LEAs are especially urged to:

- a) Request LHD staff to describe all the services it provides to LEAs. LEA staff should initiate contact to request these services, as needed.
- b) Frame LEA efforts to collaborate with LHDs in terms of the LHDs stated motivators (e.g., improved population health outcomes; achieving the LHD mission; reaching more people; and LEA staff providing expertise not possessed by LHD staff).
- c) Invite LHD staff to serve on LEA committees and initiatives that overlap in mission with LHD committees and enterprises.
- d) Pursue collaboration in areas of high interest to LHDs, including communicable diseases, health promotion, emergency preparedness, and chronic disease control.

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