

Improving School Health in Georgia: Results of a Survey of School Superintendents

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Executive Summary

Last year the Georgia legislature allocated \$30 million in House Bill 1187, the “A+ Education Reform Act of 2000” (A+), to augment funding for school health personnel. The goal of the legislation was to provide for healthcare personnel in every school in the state. Prior to implementation of this Act, Georgia lagged behind the rest of the country as one of very few states that did not directly fund school nurses or require health personnel in schools.

In January and February 2001, the Georgia Health Policy Center surveyed school superintendents to measure the impact of A+ funding and identify additional unmet needs for school health programs. Between FY00 and FY01, spending on school health services doubled and the number of nurses increased over 150%. Almost all the increased activity can be attributed to A+. It is too soon to measure an impact on students’ health or school performance, but that will be possible in the future.

Based on the survey findings, we make the following policy recommendations:

- 1. Provide more resources to enhance and expand the existing program.** Funding was insufficient to approach the level of a nurse in every school. Some districts substituted less qualified personnel, who have limited capacity to meet students needs. Further, no funding was provided for other essential components of school health, such as supplies and infrastructure.
- 2. Create a school health vision that will guide program development statewide.** The lack of guidance from the state has been problematic for school superintendents. Many lack the needed expertise to design school health programs and coordinate with other agencies.
- 3. Create opportunities to collaborate with community partners.** Some districts make good use of local partners such as hospitals, health departments, Family Connection, and DFCS. Such collaboration should be publicized and replicated.
- 4. Target school health resources to underserved and low-income areas.** School districts lacking basic health services in their communities could benefit from additional funding to establish more comprehensive health clinics in the school.
- 5. Streamline reimbursement for services covered under Medicaid.** Billing complexities have discouraged some districts from billing Medicaid for covered services currently provided in the schools, thereby losing an opportunity for the state to draw down federal funds. Improvements in this process could bring new revenue to the state.
- 6. Assess the impact of A+ implementation on children’s health and school performance.** In keeping with accountability standards, the impact of the school health program on children’s health and school performance should be assessed.

Introduction

Last year the Georgia legislature allocated \$30 million in House Bill 1187, the “A+ Education Reform Act of 2000” (A+), to augment funding for school health personnel¹. The goal of the legislation was to provide for healthcare personnel in every school in the state. Prior to implementation of this Act, Georgia lagged behind the rest of the country as one of very few states that did not directly fund school nurses or require health personnel in schools.

Lack of school health resources has placed enormous pressure on schools. Children in Georgia are sicker than in most of the country, and so come to school with greater needs.² High rates of chronic diseases require daytime monitoring and treatment. Increasingly, medically fragile children are attending school as a result of federal law. In addition, many rural Georgia communities lack healthcare providers, including pediatricians, dentists, or medical specialists. For all these reasons, school health funding was a timely policy change with the potential for significantly improving child health in Georgia. Furthermore, healthy children are better learners.

School-based Health Services in Georgia Prior to A+

Historically, schools have been important, but widely variable, in meeting the healthcare needs of children. Districts with the highest proportion of minorities and the highest levels of poverty were often the ones without any health personnel in their schools.

In schools with the fewest services, school employees untrained in healthcare dispensed medicine, cared for children with special needs, and provided emergency first aid. Controlled substances including Ritalin were stored in desk drawers and distributed by teachers or school secretaries. Classroom teachers administered nebulizer treatments for asthma. Clerical staff and paraprofessionals assisted children with special needs by clearing tracheotomy tubes, tube feeding, and providing an array of other specialized services.

In the best school health programs, comprehensive health services were provided by full-time registered nurses (RNs). Nurses developed close contacts with physicians, hospitals, the local health department, DFCS, and community Family Connection staff to identify problems early and make appropriate referrals. Nurses acquired training specific to school-related healthcare. The school system billed Medicaid for all eligible children and services, thereby maximizing resources to pay for school health programs.

According to the survey, each nurse working in Georgia schools served, on average, over 2,300 students, compared to a national standard of 1 nurse for every 645 students.³ Prior to A+, funding for school health came from the state (Medicaid) and local government sources (\$14.1 million in districts responding to our survey), local hospitals, businesses, and charitable donations (\$1.4 million in those same districts).

¹ A+ school health funding represents twenty percent of the original allocation of Georgia’s first year settlement payment from tobacco companies.

² National Kids Count Databook (1997), Georgia ranks 45th in overall child well-being.

³ The national standard is 1 nurse:750 well students or 1 nurse:225 students with special health care needs.

Approximately 20% of students in Georgia has special health care needs, so we took a weighted average equal to: (20% X 225) + (80% X 750).

Impact of A+ School Health Funding

The Georgia Health Policy Center surveyed school superintendents to measure the impact of A+ funding and determine additional unmet needs. The survey was conducted in January and February 2001. Of 180 school districts in Georgia, 114 superintendents responded (63%). The responding districts serve over 80% of the state's children.

Key Survey Findings

A+ has made a tremendous contribution to the expansion of school-based health services in Georgia. Each school system was allotted \$20,000 plus \$18.89 per student. According to the survey, total spending on school health services more than doubled from FY00 to FY01, and the number of nurses increased 150%. While it is too soon to measure the impact on children's health outcomes or school performance, such measurement could be possible in the next year.

Impact on Personnel

Virtually every district has used the funding to hire or contract for new nurses or other health personnel. One district is still in the process of developing a Request for Proposals (RFP) to contract out the money to hire school health personnel.

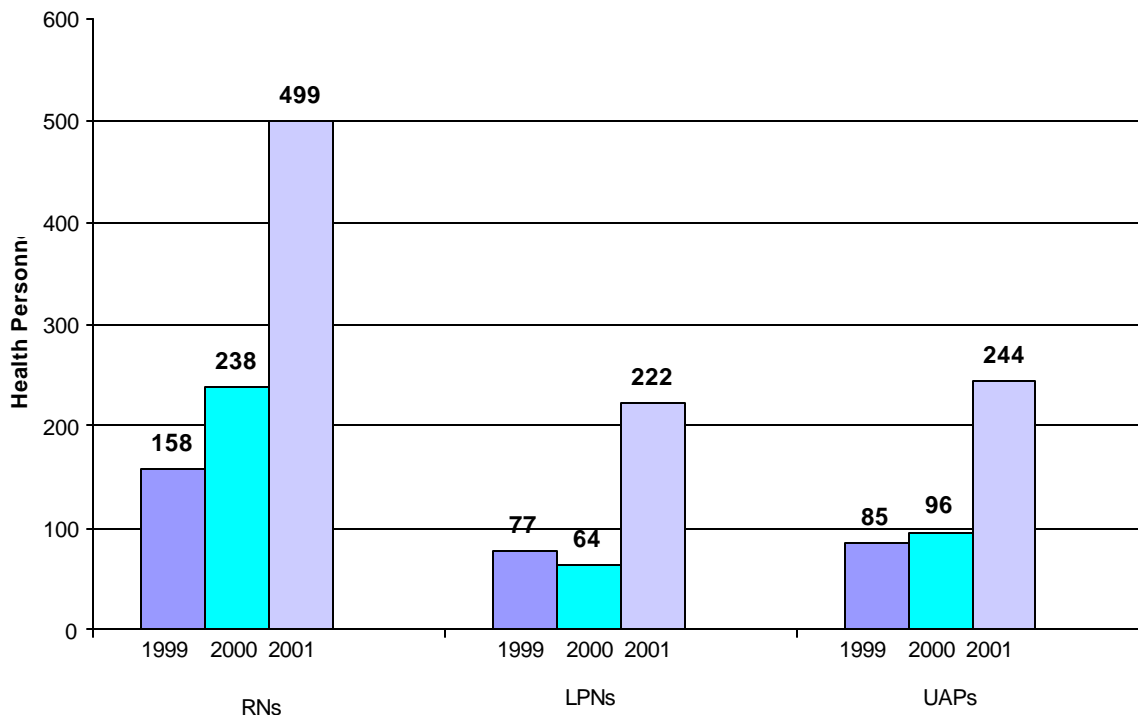
Ambiguity in the bill language and in the subsequent implementation guidelines has led to variation in the type of healthcare personnel being used. Although the legislation described a "school health nurse program" (see Appendix 2) in fact, personnel other than nurses were allowed in the law and the implementation guidelines (Appendix 3).

In the survey, we found three types of personnel are being used to provide healthcare to school children – registered nurses, licensed practical nurses, and other unlicensed assistive personnel. They vary quite significantly in the type of care they are trained and licensed to provide⁴. Only registered nurses can be reimbursed for the care they provide to Medicaid and PeachCare children.

As shown in Figure 1 (next page), the number of RNs in school health programs grew from 238 to 499 from FY00 to FY01, and LPNs grew from 64 to 222. Some schools use unlicensed health personnel, such as paraprofessionals from the classrooms, clinic monitors and other unlicensed assistive personnel (UAPs). While this is undoubtedly an improvement over having the school secretary distribute medications while she juggles her other responsibilities, very limited training (6 hours in one district) suggests they cannot provide much healthcare. With A+, the number of UAPs grew from 96 to 244, an increase of 150% from FY00 to FY01. This growth took place in just 10 districts.

⁴ Registered nurses are required to obtain considerably more training and education for licensure. RNs can operate independently, under a physician order or under approved and signed nursing protocols. Under Medicaid's guidelines, many services provided by an RN are reimbursable. Licensed practical nurses "are trained to perform technical skills or tasks under supervision." LPNs must be supervised by an RN or doctor. (DHR 1/27/00) Other unlicensed assistive personnel often have training in CPR and first aid.

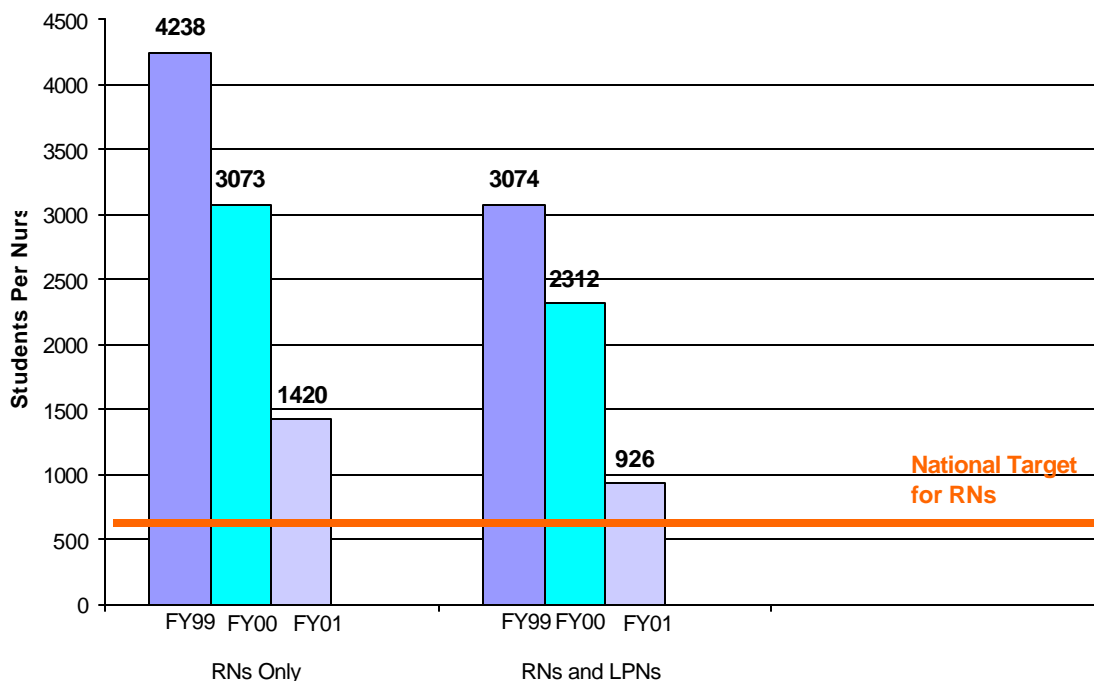
Figure 1: School Health Personnel (114 Districts)



The ratio of school nurses (RNs and LPNs) to students improved from 2,300:1 in FY00 to 926:1 in FY01 (as shown in Figure 2, next page). However, Georgia is still well behind the national target of one nurse for every 645 students. To reach this goal, we estimate 966 more nurses are needed in Georgia. An alternative target is to have one nurse in every school. We estimate 1,209 more nurses would be needed to achieve this goal. If we counted only RNs, who have higher skills and are able to bill Medicaid for the services they provide eligible students, we would need 1,431 RNs.

We saw a difference in how large and small districts utilize health personnel. In the smallest districts, the funding came closest to covering one nurse per school, and UAPs were rarely used. In the largest districts, the funding per school was insufficient to hire a nurse per school, and UAPs were filling gaps, as shown in Figure 3.

Figure 2: Improved Ratio of Students to Nurses in Georgia



**“[in our district]...some nurses [are responsible for] 27 schools and some only 1. ”
- A Georgia School Superintendent**

Figure 3: Ratio of Healthcare Providers per School

Ratio of providers/school, 2001	All Districts	10 largest districts	10 smallest districts
Registered Nurses (RNs) per school	0.43	0.25	0.47
Licensed Practical Nurses (LPNs) per school	0.22	0.10	0.33
Unlicensed Assistive Personnel (UAPs) per school	0.12	0.21	0.02
Total providers per school	0.77	0.57	0.82

Notes: (1) Speech, occupational, and physical therapists are excluded because they only serve students when directed by physicians. (2) Table includes data for 114 responding school districts only.

Other Needs

Nurses need other supports to operate a school health program. Responding superintendents indicated a need for state guidance and technical assistance in implementing school health programs. Many districts lack infrastructure such as phones, clinic space, or computers to maintain records and retrieve medical information. Others lack the most basic supplies, such as thermometers, band-aids, stethoscopes, and blood pressure cuffs.

Needs most frequently mentioned in the survey were:

- Guidelines to help school administrators set health priorities and best utilize new personnel; and training in school health protocols for clinical staff (42%)
- Medical supplies, such as band-aids, blood pressure cuffs, and stethoscopes (38%)
- Expanded services, including dental, mental health, and teen services that are either unavailable in the community or especially difficult to coordinate with children's and parents' schedules (37%)
- Ability to get reimbursement for healthcare services they are providing to Medicaid children (16%)

Other needs mentioned by less than ten percent of respondents were: help in recruiting personnel, bilingual resources, and assistance in establishing linkages with the health department and hospitals.

Sources of Funding

Funding from A+ is by far the largest school health resource in most Georgia districts. Other significant sources of support come from Medicaid, local boards of education, county boards of health, area hospitals, private providers and the PTA. Organizations associated with the school are often avid supporters of school health programs. Georgia's statewide PTA has been active in coordinating school health programs, providing some limited funding as well as lobbying for state resources for these programs.

Some federal funding from the U.S. Department of Education is channeled to each school district, but it is not possible to identify how much of that goes to school health. Based on survey responses, we estimate the federal spending on school health is about one tenth of A+ spending.

According to our survey, the largest state funding source other than A+ is Medicaid. In every school district, Medicaid pays for low-income children to receive services through the Children's Intervention School Services (CISS) program. Reimbursable services must be ordered by a physician and provided by an RN, or a licensed therapist, in the case of therapy services. Under the CISS program, simple treatments ordered by a physician are reimbursable. Physical therapy, occupational therapy, speech therapy, and medication dispensing are the most frequently cited services provided at school. A small number of districts have been able to bill Medicaid for primary care services Medicaid children receive. In some cases, this additional revenue has allowed some districts to expand their programs.

School districts are much less likely to bill Medicaid for medication dispensing than for therapeutic services. Several superintendents report that the payment is too small to be worth it after the billing intermediary takes a share.

County funding streams include the local board of education, the county board of health, and the county commission. Survey respondents reported that Medicaid reimbursement, together with those county funds, totaled almost as much as A+ funds in 2001.

Georgia's Total School Health Spending (114 Districts)

	FY 99	FY 00	FY 01
<u>State funding</u>			
DOE	\$1.4m	\$1.6m	\$1.8m
H.B. 1187			22.0m
Other State (Mostly Medicaid)	2.2m	3.2m	2.7m*
<u>Local Funding</u>			
Local Bd. Ed	7.3m	9.3m	11.0m
County Bd. Hlth.	.2m	.3m	.3m
County Comm.	1.0m	1.1m	.7m
Other Local	.2m	.2m	.1m
<u>Private Funding</u>			
Hospitals	1.3m	.9m	.6m
Business	.01m	.01m	.02m
Philanthropic	2,500	90,900	117,000
PTA	181,600	315,000	16,000**
Other Private	103,000	115,000	98,000
TOTAL	\$13,897,000	\$17,130,600	\$39,451,000

*Year to date spending, as of 2/1/2001

** A \$300,000 decrease in PTA funding occurred in one district.

Georgia's Average School Health Spending *PER DISTRICT* (114 Districts)

	FY 99	FY 00	FY 01
<u>State Funding</u>			
DOE	\$12,000	\$14,000	\$16,000
H.B. 1187			193,000
Other State (Mostly Medicaid)	20,000	28,000	23,000*
<u>Local Funding</u>			
Local Bd. Ed.	64,000	82,000	96,000
County Bd. Hlth.	2,100	2,600	2,500
County Comm.	8,900	9,500	6,300
Other Local	2,100	1,600	1,300
<u>Private Funding</u>			
Hospitals	11,000	7,800	5,000
Business	100	100	200
Philanthropic	0	800	1,000
PTA	1,600	2,800	100
Other Private	900	1,000	800
TOTAL	\$122,600	\$151,000	\$346,000

*Year to date spending , as of 2/1/2001

Partnerships

In addition to financial support, many school health programs receive professional and technical assistance from community partners, especially the health department and local hospitals. Seventy-seven percent of districts collaborate with the local health department. In the 1999-2000 school year, 45 nurses employed by local health departments were working in Georgia schools. Most often, collaboration consists of health department personnel providing screenings, including scoliosis, vision and hearing screenings. One out of six districts has a more involved relationship with its health department. For example, the health departments in those districts oversee the nurses, help hire nurses, and provide consultations. In responding districts with the highest level of collaboration, local partners (for example, area hospital or county commission) provide basic supplies and private area providers offer consultations or on-site services. Other partners in delivering healthcare services include local hospitals (27%) and area healthcare providers (23%). Respondents also reported collaborating with Family Connection (32%) and DFCS (32%).

Shortages of health services in the community

An important role school health programs play is identifying health needs of school children and referring them to providers in the community. However, when providers are not available in the community, school health personnel struggle to meet students' needs. The most commonly reported local shortages for children were:

- dental care (34%)
- mental health services (14%)
- transportation services (13%)
- vision care, especially eyeglasses (12%) and
- services for children with special health care needs (12%)

Comprehensive School-based Clinics

One of the best examples of a school health program meeting the broad range of needs of its students is the Whitefoord Elementary School-Based Health Clinic near downtown Atlanta. Children in this neighborhood have poor access to care, and they were unable to pay attention in school due to illness and pain.

An Emory physician and a nurse practitioner see children at the school-based clinic, which is funded by the Zeist Foundation. Services provided on-site include (1) diagnosis and treatment for acute illnesses and injuries, (2) management of chronic illness, (3) preventive care and screening, (4) mental health screenings and management, (5) dental care, (6) health promotion and education, (7) social services, and (8) referrals to specialist care.¹ The clinic is able to bill Medicaid and PeachCare for Kids for dental care and regular medical visits. Whitefoord serves as the medical home for many of the students as well as their younger siblings and provides links to other social services for their families. The foundation support is essential to the survival of this program.

Concerns with Current Legislation

Through A+, Georgia has made great strides towards developing effective school health programs in the state. However, the law lacks programmatic guidance, putting responsibility of structuring a program solely on school districts. Funding was restricted to paying for licensed healthcare professionals. Many districts began this school year with little more than the state's funding for health. In many cases, schools had no program of any kind and had no experience delivering health services to their students.

While the new bill requires local boards of education to establish health programs staffed by a "trained medical person," the bill does not specify the type of health services provider. Services have only to be supervised by an RN or an LPN. In fact, some schools are using A+ funds to train former teacher aides or paraprofessionals to provide health services to students.

Even combined with existing funding, the additional \$30 million was not sufficient to pay for a nurse in every school. "...The money doesn't stretch far enough to pay for registered nurses everywhere. In most cases, it won't even pay for a team of LPNs [for each district]." ⁵

The legislation does not begin to address the problem of area provider shortages. In some cases, school health personnel reported being unable to refer students in need of further healthcare services within their area. Shortages most often reported by survey respondents are dental and mental health services.

Recommended Policy Directions

To address the needs and concerns raised by school superintendents and their staffs, the state should consider the following five strategies to improve school health in Georgia.

1. Provide more resources to enhance existing programs.

Georgia's students would get better care if a provider with significant school-related health training were available throughout the school day. Superintendents wrote compelling testimonials to the difference it made in their school to have a trained person to take care of their students (see Appendix 4). National data provide evidence of significantly improved health status and school performance resulting from the implementation of school health programs.

We estimate an additional 1209 RNs or LPNs are needed to have a nurse in every school. At an average salary of \$23,000 per year (assuming half RNs and half LPNs), that would cost approximately \$27.8 million.

Future efforts should address whether an RN is necessary, or if an LPN would meet most students' needs. National and Medicaid standards indicate school nurses should be RNs. Some local providers expect that an RN in every school may be unrealistic given an anticipated statewide shortage of nurses and the higher salaries.

⁵Sansbury, Jen. "Nurses are Back..." *The Atlanta Journal and Constitution*, August 13, 2000.

We received little feedback in the survey about how helpful unlicensed assistive providers were to schools. Nor did we find much evidence in the published literature. A lead agency could be designated to examine the choices in health personnel and set the level of training to be required in Georgia.

In addition to money for nurses, schools need funding for infrastructure, supplies, and equipment. Future policy decisions should consider allocating physical space dedicated to school health services in every school, first aid supplies, and basic health equipment (stethoscopes, blood pressure cuffs).

Expanded resources do not necessarily have to come from the state government. Georgia would better maximize the federal share of school health services by working with school districts to bill Medicaid and PeachCare. Community partners may also be willing to provide some support, especially when needs are clearly articulated and a commitment is made to measure the impact of their support in future years. Some respondents reported a high level of collaboration that provides for many of their student health needs. Their successes should be communicated around the state.

An Effective Use of Available Resources

Using Medicaid and PeachCare funding is cost-effective for the state because the federal government pays about 60% for Medicaid and about 70% for PeachCare.

An example of the potential for Medicaid and PeachCare funding of school health programs was reported to us from one school district in Southeast Georgia. In that district, the lead nurse reported that, prior to A+, their school health program “paid for itself.” The salaries for an RN in every school were funded by reimbursement for services provided to students enrolled in Medicaid and PeachCare, plus a little money from the local board of education. “We billed Medicaid and PeachCare for Health Checks, administering medications/treatments, speech, PT, and OT services, as identified in the CISS manual.”

With guidance, other districts could do the same.

2. Create a school health vision that will guide program development statewide.

In order to guide implementation of a statewide school health program and coordinate the work of different agencies involved, there needs to be a designated lead agency. The Department of Education has distributed A+ funding, but has not provided guidance that many superintendents asked for in the survey. Georgia’s Department of Human Resources, Division of Public Health has compiled vast school health resources they are offering to schools, but without official recognition, schools districts are not accessing this wealth of information. Medicaid funds many school health services, but many school districts report frustration or uncertainty about how to bill for available funds. An important task of the lead agency would be to create a strategic visions for school health in Georgia. Subsequently, training, services and funding strategies should be coordinated among the three agencies – DCH, DHR, and DOE.

3. Collaborate with partners to improve access.

Some school districts need guidance and training to foster collaboration with health departments, hospitals, DFCS, Family Connection, and other resources in their community. Guidance could be provided by a lead agency. Opportunities for school health partnerships could be created by holding local forums on school health collaboration.

Key partners to include in such an effort would be: the health department, private area providers, philanthropic organizations, Family Connection, PTAs, and statewide organizations including the Medical Association of Georgia, the Georgia State Medical Association, the Georgia Hospital Association, the Georgia Dental Association, the Georgia Nurses Association, and medical and nursing schools. Both the Emory University and Georgia State University Schools of Nursing have shown great expertise and interest in school health and are involved in conferences and training on school health nursing.

The Philanthropic Collaborative for a Healthy Georgia⁶ is making small grants available to improve school health programs. Forging partnerships between the school and community groups is required for a proposal to be accepted.

Some superintendents would like help in working with Medicaid. In some cases, superintendents need to better understand Medicaid's policies regarding reimbursement. Some superintendents would like to revisit the issues regarding who is allowed to bill Medicaid for services delivered in schools.

4. Target school health efforts to underserved and low-income areas.

Certain districts were identified in our survey as lacking local resources to support any school health programs. The state should provide additional school health resources to these underserved areas to improve access for children. Dental, vision, and mental health services in certain parts of the states were especially difficult for school nurses to find.

Targeted funding to underserved areas allows the state to have the greatest impact on low-income children who are at greater risk of health, school, and other problems. Long term, this investment could minimize future associated costs. Comprehensive school health clinics have been effective in underserved and low-income, high risk neighborhoods across the country, including Atlanta. Depending on the size and scope of services of the clinic, annual operating costs per clinic average \$250,000.

5. Coordinate reimbursement for services covered under Medicaid.

Some school districts are not billing Medicaid and PeachCare for Kids for all of the eligible services they provide. The state is losing opportunities to maximize federal revenue drawn down for care of school children enrolled in Medicaid. Interagency coordination among the schools and Medicaid is needed to realize these potential benefits.

⁶ The Philanthropic Collaborative for a Healthy Georgia is an informal group of foundations and corporations interested in promoting the health of Georgia's communities. A main activity of the Collaborative is a matching grants initiative to target foundation and matching state funds to priority health areas. The Collaborative has selected school health for its first year matching grants program. For more information, call the Georgia Health Policy Center, 404-651-3104 or go to www.philanthropiccollaborative.org.

6. Assess the impact of A+ funding on children’s health and school performance.

In keeping with accountability standards for Georgia expenditures, the impact upon Georgia’s school health program should be assessed. Data will be needed from the Department of Education, Medicaid, Public Health, and local healthcare providers to accurately measure the impacts of both both health and school performance.

Conclusion

There has been a remarkable increase in the number and scope of services provided in schools across the nation. School health programs have proven to be a powerful tool in improving the well-being of children. In some cases, they are specifically “designed to address barriers to care, such as transportation, inconvenient appointment times, burdensome out-of-pocket costs, and other personal barriers to seeking care.”⁷

Likewise, A+ funding is bringing school health programs to most Georgia schools for the first time. Provision of healthcare services in schools enhances access for many children who otherwise would not have gotten care. Implementing the six recommendations above would maintain and strengthen Georgia’s commitment to improving children’s health and their ability to stay in school and learn.

Acknowledgements: We would like to thank the Governor’s Office of Planning and Budget, the Georgia School Superintendents’ Association, and all the school personnel who completed the survey. We greatly appreciate financial support received from the United Parcel Service Foundation and the Zeist Foundation.

⁷ Adams, Kathleen and Veda Johnson (2000). “An elementary school-based health clinic: Can it reduce Medicaid costs?” *Pediatrics* 105(4).

Appendix 1: Cover Letter and Survey

January 10, 2001

Dear Superintendent:

As mentioned in Herb Garrett's email message to you Monday, the Georgia Health Policy Center at Georgia State University is seeking information about the strengths and needs of Georgia's school health programs. We are surveying school superintendents throughout Georgia and requesting information about health services provided in the schools and the budgets for these services. The information we collect will be used to help shape school health policy in our state. This information has been requested by the Governor's office; and the Governor's Office of Planning and Budget collaborated with us in the design of this survey.

Would you please complete the attached survey **within ten days** and fax it back to me? Some questions may require input from your financial officer, special education director, and/or the person who coordinates health services. If you would rather complete the survey by phone, please contact me so we can arrange an interview time.

If you have questions or need assistance, please contact me at 404-651-1540 or at JNEdwards@gsu.edu. Once the survey has been completed, your answers will be pooled with other superintendents. In reporting the results of the research, the information will only appear in the aggregate.

Thank you in advance for your help.

Sincerely,

Jennifer N. Edwards, Dr.P.H.
Director, Children's Health Evaluations
Georgia Health Policy Center

Survey of School Superintendents on Issues of School Health Services

This survey is being conducted by the Georgia Health Policy Center at the request of the Governor's office and in collaboration with the Governor's Office of Planning and Budget. Our goal is to ascertain the strengths and needs of school health programs in Georgia. All responses will be confidential; answers will only be used in the aggregate. For further information, please contact Jennifer Edwards at 404-651-1540. *Thank you for your help.*

Name of School District: _____

Name and title of person(s) completing the survey: _____

Contact number(s) if we need to follow up: _____

- 1) How many schools are in this district? _____
- 2) How many children are enrolled in school in this district? _____
- 3) What percent of children in this district are enrolled in the School Lunch Program?

We would like to learn about all of the types of resources used for health services in your district (By this we mean, treatment or screening, not health education). Question #4 asks about funding for these services. Question #5 asks about sources of any in-kind providers who conduct these services.

We realize that some smaller districts may not be able to fully answer all of the financial questions. Please elaborate as much as possible and continue to answer the survey questions that follow. In order to best understand this information, we may be calling you to discuss your survey responses.

4) What are the funding sources for school health *services* in the schools of this district (by this we mean treatment, screening, working with medically fragile children, dispensing of medications, referrals, etc.)? Please indicate approximate dollar amounts for the district as a whole.

	Fiscal Year 99	Fiscal Year 00	Fiscal Year 01
State/federal funds:			
U.S. Department of Education			
A ⁺ Education Reform Act of 2000 (House Bill 1187)			
Other (For example, Medicaid), please specify			
Local funds:			
Local Board of Education			
County Board of Health			
County Commission			
Other, please specify			
Other contributed funds:			
Hospital			
Area employers, businesses			
Philanthropic organizations			
Fundraising (PTA or other resources, please specify)			
Other, please specify			

5) Who provides health services (treatment and screening, not health education) in the schools of this district? Some examples include: *school nurse, teachers, athletic trainer or other school staff; personnel working under contract with the school; county health department employees; and personnel from area hospital, doctor's office, or dental office.*

	Fiscal Year 99	Fiscal Year 00	Fiscal Year 01
Screenings			
Urgent care (For example, first aid)			
Dispensing Medication			
Health services for medically fragile children			
Therapeutic services (For example, speech, OT, PT)			
Referrals			
Consultations			
Other, please specify			

6) How many staff provide school health in the schools of this district? Please convert to FTE's.

Type of personnel	Fiscal Year 99	Fiscal Year 00	Fiscal Year 01
RNs			
LPNs			
Therapists			
Other, please specify			

7) Do you currently collaborate with the county board of health, local hospitals, other health care providers, corporate sponsors, Family Connection, DFACS, area churches or others to provide health services to children in your district? If so, please name the partners and describe their roles.

8) Do you bill Medicaid for services for children with special health care needs (for example, children with an IEP)? If no, why not?

9) Do you bill Medicaid for any primary care services (that is, other than services in an IEP)?

10) What impact has funding for personnel from House Bill 1187 (A+ Education Reform Act of 2000) had on your school health staff and programs?

11) Are you satisfied with new personnel you've been able to hire? For example, do they have appropriate training and experience? Please explain.

If you have any existing written plans for how these funds are being used in your district, please email them to JNEdwards@gsu.edu or fax to The Georgia Health Policy Center, Attn: Jennifer Edwards at (404) 651-3147.

The Georgia Health Policy Center has as part of its goals to help improve the system of care for children in Georgia, including contributing to policies and programs that would provide better access to health care through the schools. Please answer the last five questions, keeping in mind opportunities for program improvement.

12) Do you have ideas about what would help you to make the most of funds for school health services in your district?

13) Do you see health needs in your school district that are currently unmet? If so, please describe.

14) Do you have problems finding area health care providers for referrals for your students?

15) Are the gaps in health services more acute in some schools than others? If so, which services at which schools and why?

16) Do you have ideas about what could be done to meet some of these needs for health care in your district or statewide? If so, please explain.

Thank you for your time. Please contact Jennifer Edwards at JNEdwards@gsu.edu or at 404-651-1540 if you have any questions.

Appendix 2: Bill Language

HB 1187/AP

1 "20-2-771.2.
2 Each local board of education shall establish policies and
3 procedures regarding a school health nurse program. Such
4 school health nurse programs shall be staffed by licensed
5 health care professionals. Each local board of education
6 may contract or consult with health professionals
7 knowledgeable in children's health issues to establish the
8 standards, policies, and procedures of a school health
9 nurse program. Such standards, policies, and procedures
10 shall be in accordance with the restrictions set forth in
11 Code Section 20-2-773."

Appendix 3: Implementation Guidelines for HB 1187

Last Updated 12/11/00 Georgia Department of Education

Linda Schrenko, State Superintendent of Schools

Original – 05/31/00

Updated – 06/15/00, 06/21/00, 07/20/00, 08/07/00, 08/21/00, 11/15/00, 12/11/00

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NURSES (NURSING SERVICES)

1) How are these services funded?

One nurse per system based on a salary of \$20,000 and an additional \$18.89 per FTE.

2) Can these funds be used for some other purpose?

No. This is a categorical grant and the funds must be used for nursing services, either system employees or contracted services, or returned to the Georgia Department of Education (GDOE). The funds cannot be used for supplies, equipment, etc.

3) Do we have to hire RNs?

As a minimum, the program of each school system must be under the supervision of a RN or LPN to supervise the nursing services provided. All nurses are governed by the “Nurse Practitioners Act” which sets forth which nursing duties can be performed and supervised by each type of nurse. (revised 08/07/00)

4) Will nurses be under TRS?

The law provides for school nurses employed half time or more to be members of TRS. (added 06/15/00)

APPENDIX 4: Superintendents' comments about the impact of A+ funding

"It has allowed the secretaries to return to the jobs outlined in their descriptions. It has allowed the teachers to focus more time on classroom education while the nurse deals with all of the medications and health related issues."

"It has been extremely helpful and beneficial . . . We have been able to attract outstanding professionals in this area and they are making more and more of a difference in our schools daily. Accountability is now something that we are not as concerned about in relation to health services and first aid because we now have professionals on board to handle medical matters. Today's public schools are faced with increasingly medically fragile kid's with diverse medical needs that educators are not trained to handle . . . We are blessed with uniquely qualified individuals that are excited about making a difference in the lives of a child."

"It has created a school nurse for every school. There is a sense of security for each school just knowing there is a trained nurse there to take care of problems that might arise."

"This funding has made it possible to place nurses in 6 of our 7 schools. It has helped to fill a very important need in consideration of student and teacher health. It has given teachers and other staff time to do their job. It has given parents a route to receive information concerning their child's individual health needs. The benefits have been greatly and happily recognized."

"It has enabled our school system to hire additional health staff and more adequately serve our children. It has also helped to relieve staff members having to dispense medication and handle other situations that may arise".

"Much Impact! Thank the Governor for this support. We are not anywhere near where we could be in health services but we are much better off than we were."

"[Our district has] hired 23 additional school nurses to staff schools allowing for full-time quality nursing in every school. This has resulted in better medical services for all students, ie, distribution of medication, routine health checks and assessment of those who are ill."

"Our students improved health safety is improving their overall educational outcomes".

"Allowed us to add additional staff (1/2 time LPN and full-time RN). It has made a tremendous difference in our service to students!"

"A great impact was made by House Bill 1187. This enabled us to hire trained health care providers (two R.N.'s) for our school system. I see this as a very positive step . . . They are well qualified and have improved the quality of services provided to our students."

"HB 1187 allowed employment of school nurses in each school this school term. Without this funding, we couldn't provide the necessary services. They do an outstanding job."

"A tremendous help for day-to-day health needs."