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# PHILANTHROPIC COLLABORATIVE FOR A HEALTHY GEORGIA

## INVESTMENT IN SCHOOL HEALTH MAKES A DIFFERENCE:

### The Impact of the School Health Matching Grants Initiative

On July 1, 2001, the Philanthropic Collaborative for a Healthy Georgia embarked on its first major initiative: the School Health Matching Grants Program. Through this program, 13 communities received funding to improve the physical and mental health of low-income and medically underserved school-age children through school health programs.

This initiative responded to the growing body of evidence linking students' health to their academic success. Research confirms that comprehensive and coordinated school health programs benefit children by improving school attendance and reducing barriers to learning. Teachers benefit as well by being able to concentrate on their students' academic performance; and working parents miss fewer work days due to their child's illness. Student utilization of hospital emergency rooms and 911 calls are also significantly reduced.

Building on this research, a detailed Request for Proposals was issued in February 2001, and posted on the Collaborative's website. Eligible applicants (including government entities and nonprofit organizations) were requested to submit proposals that targeted low-income, medically underserved

children and focused on three areas of interest:

1. *School-linked clinical services designed to prevent health problems and injuries from hindering learning and interfering with school attendance;*
2. *Activities designed to meet student cognitive, emotional, behavioral, and social needs; and*
3. *Collaborative partnerships with schools, families, and community agencies.*

An objective review process resulted in 13 grant awards; six provided only one year of funding; one spanned two years, and the remainder were funded for a 3-year period. Grant recipients blanketed the State and reflected extensive involvement from a variety of community stakeholders: school systems, boards of health, Family Connection groups, medical center foundations, a medical center, and a regional health care system. Total investment in the initiative was an unprecedented \$2.5 million—\$901,000 contributed by 20 foundations and the Georgia Department of Community Health, supplemented by university, federal and local match of in-kind services and/or cash. The Georgia Health Policy Center coordinated the review process on behalf of the Collaborative and the Department of Community Health.

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### OVERALL IMPACT AT A GLANCE

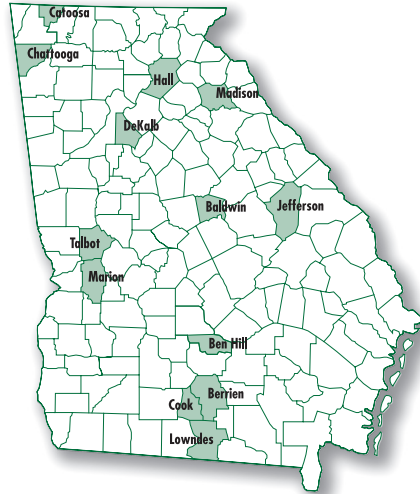
*The Philanthropic Collaborative school health grantees provided students with vision, hearing, dental and nutrition screenings; and offered supplementary health care information and education not available prior to the funding awards. Grantees and their expanded networks of partners creatively used these positive accomplishments to spread awareness about health issues in their communities, and to gain support for maintaining the beneficial programs. Most were able to sustain and extend health-related services beyond the funding period.*

*It is likely that many of the services, previously unavailable in the funded sites, would not exist today without the support provided by the Collaborative. It is hoped that the positive increase in health and academic performance that has occurred in these underserved counties will continue for years to come.*

During the funding period, informal monitoring of the grants by the Georgia Health Policy Center revealed positive changes in the quantity, quality, and variety of services that were being offered. In addition, new partnerships were formed between schools and family and child services, health care providers, and local businesses. These collaborative partnerships not only increased access to health resources but also provided networking opportunities for community support and, in some cases, additional funding.

To help quantify and better understand the impact of the grants, a formal evaluation was conducted shortly after the Initiative ended in 2004. The evaluation examined the program's impact on services delivered, health care quality and access, collaborations and partnerships, and sustainability; and identified challenges and lessons learned for future endeavors. Despite repeated attempts to include all 13 sites in the evaluation, a total of 10 sites ultimately participated due to staffing and administration changes in the remaining sites.

**Grants were awarded to 13 counties around the state.**



counseling. An estimated 166,052 such services were provided over the 3-year period; of those students served, approximately 75% were considered low income based on poverty levels and free or reduced lunch eligibility.

**Health Screenings**

All grantees reported using Collaborative funding to conduct screenings for vision, hearing, dental, nutrition, and general health issues. Overall, students were screened a total of 23,854 times, with an average of 2,954 screenings per school. Hearing screenings were offered most often, while nutrition and overall health screenings were provided less frequently (see Table 1).

With one exception, all grantees that reported screening services also provided referrals for treatment and followed up on those referrals as needed. The one remaining program, while unable to provide referrals, did contact parents regarding treatment needs for their children.

**IMPACT ON SERVICE DELIVERY**

Several grantees used Collaborative funding to provide basic health services to school-aged youth. These services encompassed health screenings, clinic services, education and training, and

**EVALUATION METHODOLOGY**

*The evaluation protocol, established by the Georgia State University (GSU) Evaluation Research Team, consisted of qualitative and quantitative questions based on the School Health Matching Grants Initiative criteria for grant eligibility. The team was comprised of Georgia Health Policy Center staff and faculty and students from GSU's Department of Psychology.*

*All 13 school health grantees were invited to participate in the evaluation between July 2004 and February 2005. Of the 13 grantees, ten responded via telephone or in-person interviews. In addition to information obtained through the interviews, evaluation team members reviewed proposals, progress reports, and final reports that were submitted by all*

*13 grantees. Although the majority of data presented was obtained primarily through direct response to the evaluation protocol, supplemental reports were also used to extract additional information.*

*Attempts to generalize from the results of this evaluation should be approached with caution. Since only ten of the 13 sites responded to interviews, it is likely that many more services were provided than those reflected in this report. In addition, no data collection protocol was in place prior to the grant awards, resulting in large variation in data elements and methods. Aggregation of data was further compromised by the multiple funding periods of 1, 2 and 3 years.*

*“Because of the hearing assessment, we were able to refer a child to a doctor, who diagnosed a tumor. Also, with the equipment, we were able to identify a lot of hypertensive children and staff. Heart defects were picked up with the stethoscopes. One student... came in just as blue as could be. The parents knew there was a problem, but couldn't speak English and didn't think there was anything they could do to get help. Working with the services in a clinic, we were able to get him seen, and he was in surgery within two weeks.”*

Medical Center Foundation

**Table 1.** Screening Services Provided As a Result of Philanthropic Collaborative Funding

Types of Screening	# of Grantees Offering Screening	# of Screenings
Hearing	6	12,300
Vision	5	6,713
Dental	4	2,777
General Health	1	1,960
Nutrition	1	104
<b>Total</b>		<b>23,854</b>

## Education/Training

Seven programs offered education and training to students and their parents. The most common topics were:

- **Health care access education.** An objective of several grantees was to increase the number of insured students. This required offering an educational component that discussed insurance options such as PeachCare and Medicaid. Five grantees succeeded in distributing health care insurance information to just over eleven thousand (11,012) students and parents.

- **Smoking prevention.** Three grantees delivered tobacco prevention programs to students and their families.
- **General health education.** Two grantees reported providing education in general health practices, including prevention and early intervention, to an estimated 1,240 students.
- **Abstinence education.** One grantee offered abstinence education classes to all high school students.
- **Life skills.** An estimated 197 parents received training and education on health topics related to child care.
- **CPR training.** One school system conducted CPR training for 2,226 individuals.

Additionally, parental education occurred on an individualized (as needed) basis to provide information on asthma, diabetes, and other health-related topics.

*“A 4th grade student, who had severe asthma, in first grade she averaged missing 47 days per year. She was receiving no care, maybe a grandmother's meds. Children's Medical Services in Valdosta provided a respiratory therapist from a local agency to come to the school on a weekly basis to treat her. Her care and treatment (meds, etc.) were administered. She's happier, not afraid to go out for PE, more confident, doing better in school and misses less school. She averages about 10 days of missed school now, if that many. She is educated and knows when she is about to have an attack, is comfortable walking into the nurses station and starts her own nebulizer treatment.”*

Berrien County  
Board of Education

## Clinical Services

In addition to screening and education, grantees offered a range of clinical services to prevent or treat students' injuries and illnesses. Five grantees reported a total of 74,502 clinic visits supported with Collaborative funding; and two grantees reported administering 14,883 doses of medicine. Additional clinic services provided were: immunization checks or administration; lice checks, height and weight assessment; blood pressure assessment; and cholesterol and blood sugar assessments. Follow-up on all services occurred as needed.

## Counseling Services

With Philanthropic Collaborative funding, four grantees reported being able to assess students' mental health concerns. Referrals were then made to in-school counselors or to community mental health practitioners outside of the school setting.

*“I had one pregnant teen who was referred to me. At her first visit, I kept getting ‘off the wall’ answers, and I started wondering about her state of mind. At some point, she told me she was taking an anti-depressant, but had quit because she was pregnant.*

*Her next appointment with her doctor was next week, so I asked the CIS worker to go with her, as she had some information from her aunt about her depression, and the doctor put her back on an appropriate anti-depressant. It made all of the difference in the world in her demeanor, about how she behaved in class and performed.”*

Ben Hill County School System



## Innovative Services

While most of the Philanthropic Collaborative funding supported the purchase of medical equipment or nurses' salaries, some grantees pursued other avenues.

- Chattooga County supported efforts of a local clinician to offer counseling services to students, families, and school faculty, initiated a newsletter, and succeeded in building a walking track for its middle school.

*Some grantees used Collaborative funding in innovative, less traditional ways—to build a database for health assessments, develop a mental health resource guide, review and revise an in-school disaster plan, recruit parent volunteers, and analyze the comprehensive health care needs of the community.*

- Fitzgerald High School offered counseling services to pregnant teens and provided ongoing health care for teen mothers. The school also worked with the community in establishing a health fair by recruiting the local hospital and businesses to participate.
- Task forces, alliances and advisory boards were developed within several schools to provide additional important services and outlets for students and staff. Six sites established truancy and attendance teams to keep track of student absences due to illness and other reasons.
- Berrien County developed individualized care plans for certain students.
- Madison County held a faculty weight loss challenge.

## IMPACT ON HEALTH CARE QUALITY & ACCESS

Grantees consistently felt that the services they offered with Collaborative funding were of high quality.\* They attributed this to their ability, with the infusion of new grant funds, to increase nursing hours from part-time to full-time and to hire additional nurses—

*“School athletes used to have their sports physicals through a local health provider. Each athlete or his/her family was responsible for getting those services done. This became a problem because the physicals were not done in a consistent manner and because not all of the athletes and their parents could afford them.*

*Now with the collaboration of a local business, all athletes are given the same extensive exam. With the coordination of the school health nurses and service provider, athletes... are also assessed for hypertension, muscular and skeletal problems... and receive substance abuse (e.g., tobacco and alcohol) education.*

*This service was beneficial because congenital problems among athletes were identified... [and] there were no collapsing athletes during their activities. The collaboration... also enabled the school nurse to notify the athletes' parents about their health conditions. After this service was in place, there was an increase in rehabilitation services (i.e., for over using muscles).”*

Chattooga County  
Board of Education

both of which enabled expansions in service offerings and facilitated a focus

on high-risk students of greatest need. Two additional factors were the quality of services or equipment and technical assistance provided by the Georgia Health Policy Center.

A myriad of efforts within and across sites also increased access to health care. Efforts that appeared most popular were screening and referrals for various health issues, including dental, hearing, and vision screening. Also of interest were the non-traditional methods undertaken by grantees in which volunteer health care professionals offered pro bono services or heavily discounted assessments.

## IMPACT ON COLLABORATION

In planning and implementing the various school health services, grantees successfully collaborated with many different entities. Much of the community involvement and outreach took place in the context of student need (e.g., distributing PeachCare information or identifying medical resources).

**Health care providers.** All 10 grantees participating in the evaluation reported collaboration between school personnel and local health care providers. The most commonly identified health care providers were: local health departments, family practice physicians, dentists, school nurses and practitioners. Other health care providers included optometrists, ophthalmologists, physical therapists, and an asthma nurse educator.

**School personnel.** School staff invited to participate in the school health programs included principals, administrators, faculty, nurses, social workers, curriculum directors, physical education teachers, and school system superintendents.

\* Ranking them 9's and 10's on a scale from 1-10 (with 10 being very supportive).

**Parents.** Eight grantees reported collaboration with parents.

**Youth service organizations.** Youth service organizations invited to participate in the planning and implementation process included: youth councils, the 4-H program, and local church teen councils. For many programs, the local family and children’s services, as well as the local Family Connection, were the most involved organizations.

**Local businesses.** In addition to Family Connection and family and children’s services organizations, several grantees collaborated with local colleges and universities, grocery stores, Wal-Mart stores, restaurants, and even a local hair salon and florist.

*The Medical Center Foundation (Hall County and Gainesville) worked with Lens Crafters to purchase glasses for children. Chattooga County developed a partnership with 13 different organizations, including food banks, pregnancy centers, and a vocational rehabilitation center.*

**Local public officials.** Additionally, local public officials played an important role in the planning and implementation process of school health programs. These officials included mayors, local legislators, county commissioners, and local law enforcement personnel.

Some unique community collaborations focused on developing a community resource directory, recruiting parent volunteers, developing a student mentoring program, establishing a school health advisory committee, and involving new partners in career and community health fairs. Grantees unanimously

*Chattooga County made positive changes to school nutrition choices and had supplies donated to their clinic through Wal-Mart stores. Local hospitals donated money and medical supplies to Fitzgerald’s program, and hospitals in Lowndes County donated supplies and provided a full-time nurse for the school system.*

claimed that collaborative partners and administrators were very supportive.\* All programs, with one exception, reported increased and continued support once the funding period ended. Numerous grantees reported that their health programs received attention outside of the schools through health fairs, public health board meetings, and community forums. The positive reaction from the public has led to sustained funding for some programs and policy changes within school health programs for others.

## IMPACT ON SUSTAINABILITY

Six grantees reported success in sustaining the increase in health care quality that had been achieved using Collaborative funds. Most of this success involved securing additional financial resources for nursing and program support. Other efforts focused on sharing costs, providing effectiveness reports to stakeholders, and seeking additional outside funding for programs.

Eight of the funded programs were able to continue to provide services initiated by Collaborative funding, at least in part. Some utilized increased awareness in the community and the

*Additional funding typically has come from local school boards, Family Connection, tobacco settlement money, and other foundations.*

- *A total of six programs (in Berrien, Catoosa, Chattooga, DeKalb, Madison, and Talbot counties) received grants from the Healthcare Georgia Foundation to enhance the capacity of their existing school health programs.*

- *Berrien County’s Board of Education absorbed the cost of the first nurse and clinic supplies that were supported by the Collaborative.*

- *Catoosa received additional grant support from their local school board.*

- *Continued support for Chattooga comes from the Chattooga Board of Education and Family Connection.*

- *DeKalb County receives support from the DeKalb Medical Center Foundation, DeKalb Medical Center, and City Schools of Decatur.*

- *Sustained funding for Fitzgerald High School (Ben Hill County) comes from the school system, Safe and Drug Free Schools funding, and tobacco settlement money.*

- *Hall County has continued their county-wide programs through support from the local Gainesville and Hall County School Boards.*

- *Family Connection and rollover Philanthropic Collaborative funding sources were used to sustain programs in Jefferson County.*

- *Lowndes was unable to fund the nursing position that Collaborative dollars supported, but was able to find funding for supplies through the local school board.*

- *Madison County receives support from the school board, Family Connection and tobacco settlement money.*

\* Ranking them 9’s and 10’s on a scale from 1-10 (with 10 being very supportive).

school board to show the need for school nurses. At least one grantee sought additional funding independently for sustaining the program, and only one grantee stated that, in the absence of new dollars, their efforts would need to be terminated.

## CHALLENGES & LESSONS LEARNED

Grantees experienced a range of challenges depending on their individual community characteristics and their unique objectives. The most common challenges revolved around relationships between nurses and other school staff. Many reported that the number of nurses was not sufficient to serve the entire student population. Some had trouble reaching parents, either because they were at work or had no phone access. One site reported that as parents' job status changed, the eligibility or coverage of insurance changed.

Three grantees found no or limited transportation to be a barrier, as families had to travel considerable distances to obtain many services. To overcome transportation limitations, sites worked with the community to locate transit vans or hand out transit vouchers. One site increased access to services by bringing a dental van on campus. This was done through a collaborative effort with the local health department. In another program, a "traveling" dentist visited schools to offer exams and follow-up care.

A few grantees reported challenges in contacting and communicating with parents. To address this challenge, they coordinated with the school staff in designing a system to send letters and make as much contact as needed. Other strategies included working with an interpreter, engaging a social worker, and following through with home visits and similar commitments.

In order to build relationships with school staff, key personnel (e.g., counselors), and other school officials, several sites used strategies such as attending staff meetings. Others joined in school trips and conducted class presentations. As one site noted:

*"There were some staff problems. I had to attend the staff meetings and kind of teach them what I was there for. I go on class trips every year. This is the 4th year. I kind of got to be friends with them by going on field trips. Also, classroom presentations were helpful in letting them know why I was there. Making myself out there and available are important, too. Showing that I'm here to help with attendance... making myself be useful... and let them know what I can help them with."*

Catoosa County  
Board of Health

Like most collaborative processes, the school health initiative revealed critical insights on how to best work with diverse partners. Some helpful suggestions or "best practices" shared by grantees were to:

- Identify and invite official and unofficial community leaders, and representatives of all racial/ethnic groups, to participate in the planning and implementation process.
- Promote reciprocity among partners and a common understanding of the need to support others' efforts.
- Encourage "buy-in" to increase participation; identify benefits to participation and share them with potential partners.

- Articulate goals and objectives clearly to participating partners.
- Increase participation from local businesses using publicity—signs and advertising to celebrate, honor, or thank businesses for their efforts.
- Recognize the importance of each partner, and demonstrate or articulate that importance to "prove the worth" of collaborative efforts.
- Encourage the school system to have a more active role and responsibility in the school health program initiative.
- Respect others' time when organizing and holding meetings.

Grantees attributed their success, in large part, to long standing relationships with public health systems and legislators, immediate dedication and commitment by participating entities, a general sense of good will and positive attitude towards collaboration that had been previously established in their communities.

Coordination with the community's existing network of health care providers also was an essential ingredient of success. Many sites reported that such coordination was easy due to previously established, close working relationships with local health care providers. A few sites mentioned that having a liaison with Family Connection and/or attending monthly Family Connection meetings contributed to their efforts to coordinate with existing systems. Others solicited help from, and engaged local physicians in, advising or writing the school health program protocol to ensure proper coverage of important components.



**Table 2.** Demographics of School Health Grants

Grantee	Number Served	Free & Reduced Lunch	Ages Served
Ben Hill County School System	987	65%	High school
Berrien County Board of Education	3,100	57%	All school-aged children
Catoosa County Board of Health	943	36%	Middle school
Chattooga County Board of Education	958	71% average 92% elem school, 49% high school	Elementary & high school
Columbus Regional Healthcare System, Inc. (Marion County)	1,579	75%	All school-aged children
Columbus Regional Healthcare System, Inc. (Talbot County)	918	90%	All school-aged children
Cook County Commission for Children and Youth	770	57%	High school
DeKalb Medical Center Foundation (City of Decatur)	2,573	64%	All school-aged children
Jefferson County Board of Health	345	72%	Middle school
Lowndes County Board of Health	1,885	87%	Pre-K through 5th grade
Madison County Schools	4,489	48%	All school-aged children
Medical Center Foundation (Hall County & Gainesville)	24,000	32%	All school-aged children
Oconee Regional Medical Center (Baldwin County)	1,806	57%	All school-aged children



## COMPLEMENTARY SCHOOL HEALTH ACTIVITIES

**School health conference.** As part of the Philanthropic Collaborative's commitment to build grantees' capacity, a technical assistance conference was held in Macon on February 26-27, 2003. Over 50 participants had the opportunity to interact with school and community leaders as well as to hear presentations from experts with the Centers for Disease Control and Prevention, the state public health agency, and other Georgia organizations involved in improving health care for school-age children.

**Training video.** With money matched by the state and federal government, the information shared during the Macon conference was translated into a Summary Report and a training video, *Conducting a Physical Assessment of the School-Aged Child*. Both were distributed to the 13 grantees as well as all school systems around the state.

**Network broadcast.** PeachStar, a network that broadcasts education-related programming to all Georgia schools, aired the video, *Conducting a Physical Assessment of the School-Aged Child*, during the 2003-2004 school year.

**School nurse asthma training.** As a result of the quality and variety of the 13 funded programs, the National Association of School Nurses asked grantees to participate in a pilot training program for the School Nurse Asthma Management Program. The National Association paid for all materials and expenses for the participants and agreed to present the model program a second time for grantees unable to attend the pilot.

**Mini-labs.** The Health Policy Center was awarded a grant from the Healthcare Georgia Foundation to identify six of the thirteen grantees to serve as mini school health laboratories. The grantees were asked to assess their school's efforts with respect to two additional components: physical education and health education. To guide this work, the Center also convened a school health stakeholder task force comprised of state agencies and associations, CDC, and other school health experts.

The Georgia Health Policy Center is coordinating the work of the Philanthropic Collaborative.

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