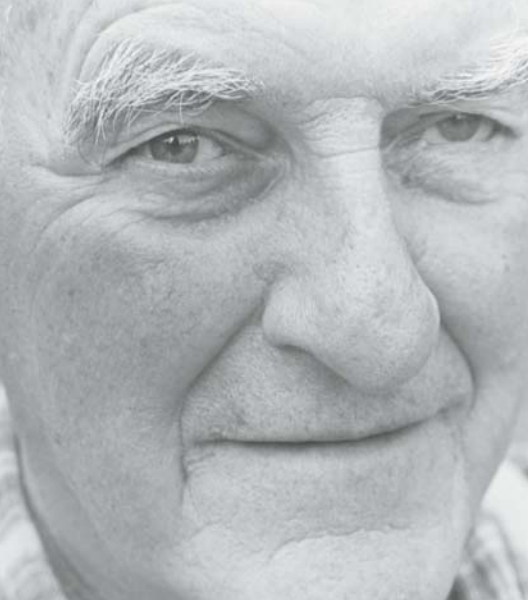

Philanthropic Symposium on School Health

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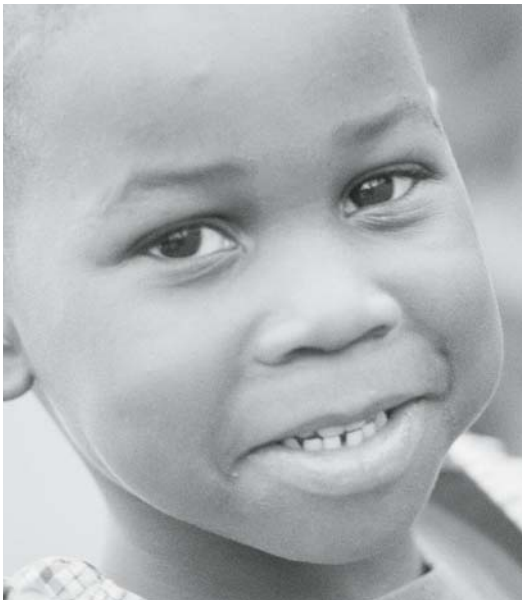


Karen J. Minyard, Ph.D.
Executive Director
October 2000

Georgia Health Policy Center

Conference Report October 16, 2000

Philanthropic Symposium on School Health

Sponsored by the Philanthropic Collaborative for a Healthy Georgia

This report highlights presentations and discussions during the Philanthropic Symposium on School Health, held October 16, 2000, in Atlanta. The Symposium was sponsored by the Philanthropic Collaborative for a Healthy Georgia. The Collaborative serves as a forum for bringing foundations together to better understand and explore the health-related challenges facing Georgia. School health was recently selected as the Collaborative's first priority area.

The Symposium was designed to provide members with background information about school health: a national overview, a sampling of programs in Georgia, the health status of Georgia's school-age children, and current models of successful collaborations between foundations and state governments. Participants were also introduced to a newly initiated matching grants program.

The Symposium was chaired by George Brumley, M.D., Co-Chair of the Zeist Family Foundation, which for the past five years has been committed to a school health program with the Atlanta public schools.

National Overview of Healthcare Initiatives in Schools

"Making a difference in children's well-being means providing services where the children are. Delivery of health services in school settings is gaining widespread acceptance nationwide – and public-private collaboration is the key to success."

These were among the messages delivered by **Julia Graham Lear, Ph.D.**, in her keynote address to the Philanthropic Symposium on School Health. Dr. Lear currently directs Making the Grade, a school health initiative funded by The Robert Wood Johnson Foundation (RWJF).

The Foundation's long-standing commitment to school health stems from its recognition that the number of school-age children in the United States today is nearly as large as it was in the baby boomer era. A high percentage of these children lack health insurance, and an increasing number engage in high-risk health behaviors.

This is further complicated by the fact that one in five children lives in poverty, and that these impoverished children have three to four times more health problems than their wealthier peers. In Dr. Lear's view, these trends reinforce the pressing need to attend to the health concerns of school-age children.

> *"Even with all of the hard work that has gone on in the school health arena, it is still of vital importance to stay the course."*
>
> Julia Graham Lear

Dr. Lear outlined three types of school health programs:

- School-based health centers that provide comprehensive mental and behavioral health, as well as physical health, services for children in a school setting
- Reconfigured school health programs that emphasize health care outcomes for children, such as improved nutrition, physical exercise, and counseling

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Real Stories of Children in Georgia's Schools

Alicia Philipp, Executive Director, Community Foundation for Greater Atlanta, moderated a panel of four individuals in Georgia, who shared their experiences "on the front lines." As the director of a foundation herself, Ms. Philipp commended the Philanthropic Collaborative for recognizing that the health of Georgia's children is vitally important to the future of the state.

Dawson County

Located approximately fifty miles north of Atlanta, Dawson County has about 13,000 residents. Many of the county's children live in impoverished conditions. Ten years ago, some of Dawson County's citizens recognized the need to strengthen their families and children. They successfully applied for a Whitehead Foundation grant, and initiated the Family Connection Collaborative. A key component of the grant was a school health clinic, and **Jeannie Kelly, R.N.**, was hired as the county's first school nurse.

When Ms. Kelly arrived, she worked under the protocols and supervision of the county's lone physician. At first, families did not trust having a nurse in school, but the demand soon outstripped Ms. Kelly's ability and time. A second elementary school was built, and Ms. Kelly's time was split between the two. Parents, teachers and principals began to ask for her nursing services at the middle school and high school as well. Through hard work and the collaborative support of Family Connection, Dawson County expanded its school health services and now supports two nurses and two school health assistants – all supervised by Ms. Kelly. They perform rapid strep cultures; administer prescription medications, including Ritalin; help children with diabetes manage their insulin regimens; provide vision screening and eyeglasses through collaboration with the Lenscrafters Foundation; and conduct health education classes for children on such topics as birth, development, personal hygiene and nutrition.

"School nurses really make a difference and the school system is the most convenient place to provide healthcare to children."

Sherry Evans

Coffee County

The school nurse program in Coffee County began in 1991, when the Coffee Regional Medical Center, using Indigent Care Trust Funds, donated money to fund two nurses for eight elementary schools. With little equipment and no guidelines, **Ms. Sherry Evans, R.N.,** and her colleague were "bombarded with need. Children had communicable diseases and ear infections, they were hungry, and they were not dressed appropriately for the weather." Nurses became much more than just nurses; they were counselors, social workers, and parents.

For the first 7-8 years, the program was on a "roller coaster," with no consistency in funding or staffing. In January 1998, staff were told that the program would cease to exist at the end of the month. Fortunately, several industries in the county had learned the value of the school nurse program, and knew that it kept children in school and, therefore, their parents could remain at work. Through their lobbying efforts, and those of parents and teachers as well, the program was eventually funded with local money, local hospital contributions, and district health grant support.

Ware County

Dianne Robertson, R.N., one of the "grandmothers of school health services," works with the Southeast Health Unit in a rural area of Georgia with no public transportation. The Unit had been involved in school health since 1989, when they first received a joint grant from The Robert Wood Johnson and The Whitehead foundations.

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School Health in Georgia

The Health Status of Georgia's School-Age Children

Kathleen Toomey, M.D., M.P.H., Director, Division of Public Health, welcomed the day's symposium as "an exciting opportunity to begin to pull together and create a comprehensive approach to the health of Georgia's children. Clearly, access to medical care is an essential part of improving the health status of children in Georgia." Work is needed at the community level, provider level, and school level to emphasize health promotion, disease prevention, screening, early detection, and medical care in a comprehensive way – so that we can best help children with the problems they are facing as they grow up.

Dr. Toomey enumerated the major health problems that most affect the lives of children in Georgia. Each can be addressed with a strong school health program.

- **Injuries** are the leading killer. These are largely unintentional injuries, such as motor vehicle crashes, with a disproportionate number among African American children. Many of these injuries are preventable with proper use of booster seats and seat belts. Other common injuries can be prevented with bicycle helmets and simple playground safety measures.
- **Homicide and suicide** are the second and third leading causes of death among adolescents, with higher rates among African American youth. A number of effective school programs have been designed for violence prevention, with strong community involvement.

Major Health Problems Among Georgia's Children

Injuries
Homicide and suicide
Teen pregnancy
Asthma
Tobacco use
Obesity and diabetes

- **Teen pregnancy** has been on the decline in Georgia, yet an estimated 70% of adolescent pregnancies are unintended. Georgia has the opportunity to address this issue in a comprehensive way, incorporating family planning into a holistic approach that includes esteem-building, mentoring, and self-awareness to prevent initial and subsequent pregnancies.
- **Asthma** affects 10% of Georgia schoolchildren. Two-thirds of these children live in homes in which no one knows how to manage their asthma. The disease causes nearly 600,000 missed school days a year, with a corresponding number of missed work days among parents who must care for their children.
- **Tobacco use** is another behavioral risk that affects children. According to a Youth Tobacco Survey, over half of Georgia's middle school children have tried cigarettes, and 14% reported that they had smoked more than once. Tobacco use jumped from sixth to seventh grade, and Latino youth were the most likely to smoke. In addition, smoking rates among African American children had increased by 80% in the last several years. With the tobacco settlement money, there is a great opportunity for work in this area. The approach should be multi-disciplinary and involve schools, parents, communities and the media.
- **Obesity and diabetes** are also of concern. Georgia ranks 50th among all states in adults reporting any leisure time activity. "Our adults are getting 'fat the fastest.'" Since adults are role models for children, it is not surprising that there is an epidemic of obesity among Georgia

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Foundation Involvement in School Health Activities

Two models of foundation involvement in school health were described: one a collaboration between a private foundation and state government; the other between a corporate foundation and the community.

The Duke Endowment and the State of North Carolina

Marilyn Asay, R.N., M.S., of the North Carolina Department of Health and Human Services, often hears arguments that schools should not be in the business of healthcare – they should be in the business of education. Her reply is that school health is "basic to the basics." According to Ms. Asay, only after meeting health needs can true learning occur.

In 1987, North Carolina had one comprehensive, school-based health center, funded by The Robert Wood Johnson Foundation. That number has since grown to 51 centers in 29 counties, in part due to a collaboration between the State of North Carolina and the Duke Endowment.

Eugene Cochrane of the Duke Endowment explained that the Endowment first got involved in school health through a hospital in Columbia, South Carolina. Located in a low-income neighborhood, the hospital expressed a desire to work with children in nearby schools to provide hearing, dental, and vision screenings. Traditionally focused on grants for hospital-based care, the Endowment agreed to support this initiative. Right from the start, the Endowment realized that school health was more complicated than just hiring additional nurses. Mr. Cochrane began to research models of comprehensive school-based centers – and discovered an article by Ms. Asay.

One of the advantages of partnering with philanthropic organizations was that it provided "an enhancing and calming effect." The foundations could respond faster than a "lumbering state bureaucracy."

Marilyn Asay

And, thus, the foundation and state collaboration was born. When the state connected with the Duke Endowment in 1995, they discovered that the Endowment had the capacity to provide seed money to help communities get started, and that the state could provide the programmatic, clinical consultation. They prepared a common grant proposal request which, according to Ms. Asay, "gave everyone the opportunity to apply using the same standards and criteria." One of the grant requirements was that the school system or health department work with a hospital. Twelve planning grants were awarded, many to enhance basic services, hire more school nurses, or add a collaborative mental health/school nurse partnership to their existing program.

The partnership has benefitted all parties. This effort was the Endowment's first major endeavor with a state entity, Mr. Cochrane said, and staff had to learn about how state government worked and who the players were. From Ms. Asay's perspective, one of the advantages of partnering with philanthropic organizations was that it provided "an enhancing and calming effect." The foundations could respond faster than a "lumbering state bureaucracy," and the state's affiliation with the foundations served as an endorsement of the project. The project has benefitted hospitals in the Carolinas as well, by heightening their sensitivity to their surrounding communities and showing them that it is relatively easy to work with community organizations. Challenges mentioned

were: sustainability, resistance from pediatricians and religious groups, and insufficient emphasis at the outset on collection of basic data. Mr. Cochrane concluded that many of these challenges could be addressed by recognizing "the power of parents" – to lobby the local school system and school boards, and to use their power to sustain these programs.

> *..."many of these challenges could be addressed by recognizing the power of parents to lobby the local school systems and school boards, and to use their power to sustain these programs."*
>
> Eugene Cochrane

BellSouth Corporation

Robert Kronley represented the BellSouth Foundation, which is dedicated solely to education. Every five years, BellSouth engages in strategic planning to survey the landscape, assess need, and determine appropriate investments. During this process in 1995, the Foundation "heard from person after person that if a child came to school hungry, sick, or from a dysfunctional family, then that child was not going to achieve." Nevertheless, there was resistance in communities and even in schools themselves to well planned, comprehensive approaches to school health. BellSouth proceeded to engage districts in seven of the nine states in which it operated, and funded efforts to design comprehensive school health programs.

The districts that received grants varied tremendously in size, racial makeup, and per student expenditures. Thus, each district's approach to school health differed as well. As examples, one chose to expand violence prevention activities; another invested in vocational training for students who wanted to become health workers; a third hired a school nurse; and a fourth concentrated on physical fitness and well-being for students and staff.

As a result of this and other efforts, the districts have seen increases in attendance and decreases in disciplinary action and school dropouts. The presence of school nurses in isolated communities has led to early intervention in potentially serious health problems and improved dental care. Other lessons for philanthropy noted by Mr. Kronley included the following:

> *"Foundations can be proud of this work and should consider similar investments."*
>
> Robert Kronley

- Components of school health programs are clearly interdependent.
- Collaboration is important and enhances outcomes.
- Talking to other people in the community is important, as is communicating "your program's story in a broader context." Success depends on sharing the benefit of the program in a way that resonates in the community.
- Reliable data must be collected regularly, and used "to impress people who may be skeptical about the value of the program."
- Technology is very useful in breaking down barriers and sharing information.
- Planning is central - not only to the operation of the program, but also to expanding and sustaining it once grant funding expires.

Mr. Kronley concluded by saying that BellSouth believes that their programs have added real value to the awarded districts in a "common sense" way. Foundations can be proud of this work and should consider similar investments.

Conference Report

The Challenge to Foundations

During the final session of the Symposium, **Bobbi Cleveland**, Tull Charitable Foundation, asked participants to consider two questions:

- What role do foundations want to play in funding school health activities?
- What recommendations do they want to make for the development of a Collaborative Request for Proposals on school health?

Ms. Cleveland reported that the Collaborative's Steering Committee hoped that the group would use the information and insights from the Symposium to foster a longstanding commitment to the interests and well-being of children. She introduced the matching grants program as an opportunity for grantmakers to act proactively, in collaboration with each other and in a partnership with the state. She challenged the group to think creatively about ways to improve the lives of Georgia's children, and to "go where no state has gone before."

> *"[Let us] go where no state has gone before."*
>
> Bobbi Cleveland

Ms. Cleveland told the group that in the next few weeks they would be given the opportunity to join this "exciting, innovative parade that was marching toward a vision of comprehensive, school-based programs and community partnerships to improve health outcomes for Georgia children." The first step is for private foundations to work with the Department of Community Health to make funds available to a broader number of communities for school health programs.

In February, Ms. Cleveland indicated that dollars contributed by private foundations would be matched by the Department of Community Health. A Request for Proposals would then be issued to communities, asking them to design strategic plans reflecting their unique needs, priorities and resources. Strong collaborations are key, involving schools, hospitals, parents, teachers, and community members. There should be evidence that "all of these voices have been at the table, and that they have planned their strategy together to integrate what already exists."

> *There should be evidence that "all of these voices have been at the table and that they have planned their strategy together to integrate what already exists."*
>
> Bobbi Cleveland

Applications will then be subject to a competitive review by a committee comprised of representatives from the Department of Community Health and those foundations that choose to participate. Recipients will be chosen in June, with the grant year beginning in July. A funding commitment of three years is anticipated. Ms. Cleveland reminded the audience that communities would have different needs; not every school would need a comprehensive, school-based health system. It was their goal to help each community improve their outcomes as was appropriate to their unique situation.

School Health *continued from page 3*

children. This trend is due to dietary factors and little to no exercise, both of which are correctable.

Dr. Toomey is convinced that issues such as these can and should be addressed with a comprehensive, school-based approach to healthcare. "Improving the health of children will lead to a healthier adult population; they, in turn, will become healthier parents who will raise healthier children."

Health Services for Georgia's School-Age Children

According to **Jim Ledbetter**, Executive Director, Georgia Health Policy Center, little is known about school health services in Georgia. The latest study showed 110 counties employing 325 nurses, ten aides, one Emergency Medical Technician (EMT), and one physician. The scope of services ranged broadly, and only twelve comprehensive school-based programs exist. Sources of support included local education agencies, county health departments, local hospitals, county commissions, and some private funding.

Dr. Ledbetter explained the provisions of House Bill 1187, which appropriated $30 million to support school nurses. No programmatic guidance accompanied that funding, other than a recent requirement that school health centers be staffed by licensed healthcare professionals. However, the definition of "healthcare professional" is open to interpretation, and the funding can only be used for personnel (not supplies, equipment, or computers). At best, it only covers 30-40% of the cost of a school nurse.

Thus far, the impact of House Bill 1187 is anecdotal. Some systems have seen expansion; some have used the funding to employ paraprofessionals. Dr. Ledbetter called on state government to provide a strategic vision for the program, guidance to implement that vision, and reliable statewide information to monitor its effects.

Another state effort is the Georgia Partnership for School Health, an informal collaborative of individuals interested in school nursing. Two initiatives are underway related to training and the development of program guidelines. Dr. Ledbetter also noted that the Schools of Nursing at Georgia State and Emory Universities are planning a statewide conference in April to explore some of the public policy issues surrounding school nursing.

The Georgia Health Policy Center recently met with the Office of Planning and Budget, to help make the Governor's Office aware of the inadequacies of the existing school health program. He appealed to Symposium participants to be creative in helping to move the state forward, and challenged them to explore ways that foundations can contribute value to school health programs in Georgia.

Real Stories *continued from page 2*

School health nurses are expected to be experts on everything – from scabies to medication administration to infectious disease. The need for training soon became apparent to Mrs. Robertson; however, no such course existed. So the Unit created a school health nursing course in collaboration with the South Georgia School of Nursing. This 4-semester course prepares registered nurses for school health practice. Separate training is also available for LPNs.

Whitefoord School-Based Health Center

The Whitefoord Elementary School Health Center, initiated in November 1994, is a nationally recognized model of a comprehensive, full-service, school-based health program. Located in inner city Atlanta, the program not only provides primary health care for children enrolled in the school, but also provides services for those students' younger siblings.

According to **Veda Johnson, M.D.,** Medical Director of the Center, the goal of the program is to increase access to quality care while improving academic outcomes in students. Center staff realized that social issues often affected children's health, making it imperative for the Center to address students' physical, mental, and emotional health comprehensively. Thus, they designed a broad community program with four components: a resource center with

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National Overview *continued from page 1*

- Targeted initiatives such as tobacco cessation and prevention, or other comprehensive approaches to disease prevention and health promotion.

Regardless of the strategy chosen, experience shows that effective school-based health programs are: driven by local needs and health issues; systems-based to increase their chances of long-term endurance; partnerships of the important stakeholders, not just the school system; outcome–oriented; and publicly accountable.

Dr. Lear stressed the importance of a clear and common understanding of the term "school-based health center." In her view, such a center must:

- be on school grounds
- provide comprehensive care with a multi-disciplinary team, including mental as well as physical health
- be sponsored by a healthcare institution typically a hospital, health department or community health center
- have parental consent
- be a school-community partnership.

Dr. Lear complimented the Whitefoord School-Based Health Center in Atlanta as a prime example of an effective comprehensive, school-based program. According to a survey conducted every two years by The Robert Wood Johnson Foundation, the number of such school-based health centers in the United States has increased tremendously since 1990, to a total of approximately 1,300 centers. Initially in high schools and urban areas, they are now found in all types of schools, with the greatest growth in elementary schools – particularly those in rural areas. This growth represents the collective results of committed communities and states, and has occurred despite the lack of a federal program or overall nationally organized effort.

The funding of these centers is always the greatest challenge, and is often a patchwork of support from the state, the community, and in-kind sources. While the private sector has been important in launching some model programs, Dr. Lear believes that public partners are vital in sustaining them. "The energy for initiating and managing centers will always come from state and local levels." She congratulated the Philanthropic Collaborative for being "on the right track, with the right people at the table who understood that they did not have to execute these programs on their own."

Real Stories *continued from page 7*

caseworkers; a child development program that provides education from preschool to GED classes; job training and mentoring for high-risk girls and boys; and a family advocate.

The Center's main source of funding is a federal grant from Healthy Schools, Healthy Communities (one of the original 27 sites to receive funding six years ago). Medicaid reimbursement and philanthropy make up a large part of their budget, as do in-kind services.

One of the accomplishments of which they are most proud is the increased parental involvement in their children's health and welfare. Dr. Johnson lamented that many of the children who come to the clinic have "wounded spirits." They have been neglected or abused, and they have not been nurtured. One of the large benefits of school health is that these children receive on-site counseling to help facilitate their recovery. In addition, the program has helped challenged families take proper responsibility for the care of their children – and in so doing give those children a greater chance of learning and succeeding in school.

Georgia State University ANDREW YOUNG SCHOOL OF POLICY STUDIES

To obtain information about the Philanthropic Collaborative or the School Health Matching Grants Program, or to obtain copies of this report, please call 404-651-3104.