Healthy Students, Promising Futures

State and Local Action Steps and Practices to Improve School-Based Health

January 2016
“We know that healthy students are better learners who are more likely to thrive in school and in life. In communities across the country, educators, health care providers, and families are working each day to help children grow into healthy and well-educated adults. They cannot do this alone. This work depends on strong and sustainable partnerships and commitments between health and education agencies at the local, state, and federal levels.”
High Impact Opportunities!

1.) Help Eligible Students and Family Members Enroll in Health Insurance
2.) Provide and Expand Reimbursable Health Services in Schools
3.) Provide or Expand Services that Support At-Risk Students, + Medicaid-funded Case Management
4.) Promote Healthy School Practices Through Nutrition, Physical Activity, and Health Education
5.) Build Local Partnerships and Participate in Hospital Community Health Needs Assessments
January 15, 2016

Dear Chief State School Officers and State Health Officials:

We share common ground in the belief that every child in our country deserves the opportunity to live a healthy and successful life. Today, at the U.S. Departments of Health and Human Services (HHS) and Education (ED), we are renewing our commitment to deliver on this belief by supporting quality health care and education for every child. Your work is essential to achieving this goal. This letter and accompanying toolkit offer resources and suggest practical steps for you and your colleagues to take and share to better connect health and education services.

We know that healthy students are better learners who are more likely to thrive in school and in life. In communities across the country, educators, health care providers, and families are working each day to help children grow into healthy and well-educated adults. They cannot do this alone. This work depends on strong and sustainable partnerships and commitments between health and education agencies at the local, state, and federal levels.

Over the past several years, major advances in laws and policies have created new opportunities to support our nation’s children. For example, as a result of the Patient Protection and Affordable Care Act (ACA), many more students and their families are now eligible to obtain insurance through Medicaid, the Children’s Health Insurance Program (CHIP), or a Qualified Health Plan (QHP) in the Health Insurance Marketplace. The ACA also invested $200 million to modernize or build new facilities, purchase much-needed equipment, and increase access to health services for children at school-based health centers throughout the country.

Our collective work is critical to increasing access to health care and quality education that can narrow disparities, promote achievement, and build a reliable system of support for every young person. Schools, for example, can provide on-site screenings to catch health concerns early and health providers can ask questions about school attendance and success during routine physicals and regular checkups. School districts can partner with public health agencies and local hospitals to ensure that all children receive preventive and necessary health care in order to attend school regularly and stay on track toward high school graduation. These partnerships can result in comprehensive care for a sick child, help manage a student’s disabilities or chronic conditions, and

---


2 This letter is not intended to address situations in which a school district may seek to access a child’s or parent’s public benefits or insurance, e.g., Medicaid, to pay for special education and related services for children with disabilities under Part B of the Individuals with Disabilities Education Act, 20 U.S.C. 1400 et seq. and its implementing
make sure a student gets a well-rounded education that includes opportunities for physical activity, nutrition, and health education.

The tools and resources we are releasing today can help state and local stakeholders take practical steps to strengthen the link between health and education. We encourage you to use these and the other materials provided to explore high-impact opportunities to:

- Increase access to health insurance to promote better academic outcomes;
- Create school environments with the physical and mental health supports to help students succeed academically and lead healthy lives; and
- Strengthen coordination and collaboration between health and education systems at the local and state levels.

To increase access to health insurance to promote better academic outcomes, you can:

- **Help Eligible Students and Family Members Enroll in Medicaid, CHIP, or the Marketplace.** Research strongly suggests that when young people have insurance and receive necessary and preventive health care, their academic and other important life outcomes improve. One recent study, for example, found that children who gained access to Medicaid as a result of coverage expansion are more likely to do better in school, miss fewer school days due to illness or injury, finish high school, graduate from college, and earn more as adults. It is helpful to families registering a child for school to have the opportunity to enroll in health insurance programs at the same time. As one example, local educational agencies (LEAs) can use school registration processes to help eligible students and family members enroll in Medicaid or CHIP, or receive financial assistance for a plan in the Health Insurance Marketplace.

To create school environments with the physical and mental health supports to help students succeed academically and lead healthy lives, you can:

- **Provide and Expand Reimbursable Health Services in Schools.** Schools and LEAs are now eligible, subject to an approved State plan, for reimbursement for many Medicaid services provided to students enrolled in Medicaid. This includes services provided by school-based health centers, which can significantly improve key educational outcomes among students. State Medicaid agencies, State educational agencies (SEAs), and LEAs can work together to explore opportunities for reimbursement of Medicaid-covered services for Medicaid-enrolled students. Recent guidance from the Centers for Medicare and Medicaid Services (CMS) explains changes in the federal “free care” policy, which addresses Medicaid payment for services available without charge to the community at large. regulations in 34 CFR part 300. For more information about the requirements that apply to children with disabilities who are covered by public benefits or insurance, see 34 CFR §300.154(d).


"free care"). This CMS guidance identifies the Medicaid requirements that must be met in order for Medicaid reimbursement to be available. As a first step in this process, state and local health and educational agencies can come together to identify the scope of allowable school-based services under the state’s Medicaid plan. Schools and LEAs should determine if they meet the criteria to become a Medicaid provider or should partner with Medicaid providers. In consultation with State Medicaid agencies, they can then provide Medicaid-reimbursable services at their schools, like immunizations, health screenings, oral health care, substance abuse programs, and mental health care.

- **Provide or Expand Services That Support At-Risk Students, Including Through Medicaid-funded Case Management.**
  Wraparound services benefit children, including those who are low-income, chronically absent, homeless, or otherwise at risk of falling behind in school. Case managers can work to refer Medicaid-enrolled students to necessary health and related support services, such as housing and transportation. In accordance with an approved state Medicaid plan, SEAs, LEAs, State Medicaid agencies, and State departments of health and child welfare services can use Medicaid funding to support district and school-based case manager positions.

- **Promote Healthy School Practices Through Nutrition, Physical Activity, and Health Education.** More physical activity and more nutritious food throughout the school day can improve a student’s health and academic outcomes. School learning environments should be designed to include opportunities for daily physical activity and high-quality, nutritious school food. To create these opportunities, schools can assess the effectiveness of their policies and practices using the Centers for Disease Control and Prevention’s (CDC) School Health Index and School Health Guidelines to Promote Healthy Eating and Physical Activity. Schools can get access to even more technical assistance and support materials by signing up to be school champions through the Let’s Move! Active Schools initiative. LEAs can develop strong Local Wellness Policies that are deeply integrated into individual school improvement plans. As research has shown, comprehensive health education leads to fewer students using tobacco or alcohol, and fewer delinquent behaviors. Schools can use CDC’s Health Education Curriculum Analysis Tool (HECAT) to determine how well their health education programs address these and other topics.

To strengthen collaboration between health and education systems at the local and state levels, you can:

- **Build Local Partnerships through Partnering with a School-Based Health Center or Participating in Hospital Community Needs Assessments.** Research suggests that

---


multiorganizational partnerships can improve public health. When schools partner with other community institutions, they can gain new resources for school-based activities, and help students be healthier and learn more. School-based health centers often are operated as a partnership between the school and a community health organization, such as a community health center, hospital, or local health department. Students and their families rely on school-based health centers to meet their needs for a full range of age-appropriate health care services, typically including primary medical care, mental/behavioral health care, dental/oral health care, health education and promotion, substance abuse counseling, case management, and nutrition education. In addition, one new opportunity resulting from the Affordable Care Act is that hospitals claiming 501(c)(3) charitable, tax exempt status must identify area health needs and adopt strategies to address them. LEAs can partner with local hospitals and identify the health care needs of children, especially at-risk youth. To develop a local partnership based on the specific needs of your community, contact your local nonprofit hospital’s Community Benefit Department. They can help you find out how to participate in their community health needs assessment process. This process could involve hospitals working with school districts to decide how they can contribute resources and services to promote student health.

Every day, people in your states work tirelessly in schools and health care systems to provide the loving care and support that young people need. But too many students still face disparities in health and education. We’ve provided a few ideas to spur collaboration, and want to hear about the ideas that have worked in your community. The health and education of young people today are the building blocks of our communities tomorrow. We are committed to working in partnership with you to ensure that every child leads a productive life.

Sincerely,

Sylvia M. Burwell
Secretary
U.S. Department of Health and Human Services

John B. King, Jr.
Acting Secretary
U.S. Department of Education

cc: Governors

---

Healthy Students, Promising Futures
State and Local Action Steps and Practices to Improve School-Based Health
January 2016
This toolkit contains information that references resources, programs and/or services offered by non-governmental organizations. The U.S. Department of Education and U.S. Department of Health and Human Services do not endorse any particular resource, program or service. The references are for informational purposes only and for convenience to the reader. The opinions expressed by these non-governmental organizations do not necessarily represent the views, positions or policies of the U.S. Department of Education or U.S. Department of Health and Human Services. The inclusion of any resources shall not be construed or interpreted as an endorsement by the U.S. Department of Education or U.S. Department of Health and Human Services of any private organization or its business, products or services referenced herein.
High-Impact Opportunity #1

Help Eligible Students and Family Members Enroll in Health Insurance

Schools can help identify students who do not have insurance and provide assistance applying for coverage, as well as connect students’ family members to health care coverage.

High-Impact Opportunity #2

Provide and Expand Reimbursable Health Services in Schools

Schools and LEAs may be eligible for reimbursement for Medicaid services delivered in schools to children enrolled in Medicaid.

High-Impact Opportunity #3

Provide or Expand Services That Support At-Risk Students, Including Through Medicaid-funded Case Management

Schools and health organizations should work together to provide wraparound services to students in order to remove barriers to learning that may be created by health conditions, exposure to violence or trauma, or instability or stress in the community or at home.

High-Impact Opportunity #4

Promote Healthy School Practices Through Nutrition, Physical Activity, and Health Education

School learning environments should be designed to promote and reinforce health and well-being, including opportunities for, and access to, daily physical activity, high-quality, nutritious school food, and rigorous and effective nutrition and health education.

High-Impact Opportunity #5

Build Local Partnerships and Participate in Hospital Community Health Needs Assessments

The community health needs assessments (CHNAs) that nonprofit hospitals are required to undertake include consultations with community members and public health experts, which can help launch productive partnerships between hospitals and schools. Schools and school districts can also partner with many other kinds of community-based organizations and institutions to enrich the health services available to students.
HIGH-IMPACT OPPORTUNITY #1
Help Eligible Students and Family Members Enroll in Health Insurance.

What

Schools can help identify children and families who do not have health insurance and provide help to those who may need assistance applying for coverage. Health coverage gives children access to the care they need to stay healthy and gives families the security of knowing their children and household budgets are protected. Connecting eligible children to health coverage will help to ensure that they can more fully participate in school, and childhood activities more generally. Note: the open enrollment period for signing up for a qualified health plan via the Health Insurance Marketplace is November 1, 2015 – January 31, 2016. Individuals can apply for Medicaid and Children’s Health Insurance Program (CHIP) any time of the year.

Research Shows

A recent study found that children who gained access to Medicaid and CHIP as a result of coverage expansions in the 1980s and 1990s were more likely to complete high school and graduate from college than similar children who didn’t have access. In addition, a large body of research finds that when eligible parents get enrolled in Medicaid, their eligible children are more likely to get enrolled and receive necessary preventive care.

Consider

Local educational agencies (LEAs) can modify school registration forms and procedures to facilitate increased enrollment of eligible students and family members in Medicaid, CHIP, or subsidized and reduced cost-sharing plans in the Health Insurance Marketplace.

Example

In the Mountain View School District in El Monte, California, helping eligible students enroll in health coverage is a new part of the school registration routine. Working with the Children’s Defense Fund and the American Association of School Administrators (AASA), school administrators embedded a question about health insurance status in the school registration forms that parents complete for every child. For children with no insurance, the school district requested parents’ permission to link them with health care providers who could help with enrollment in Medicaid or other health coverage programs. As a result, over 1,200 uninsured children were referred. The number of students with health insurance has increased dramatically; in addition, attendance increased and has been consistently above 96 percent districtwide for the past three years. Listen here to Mountain View Superintendent, Lillian Maldonado French, describe why connecting students to health coverage is so important.

LINKS/RESOURCES

» Visit www.insurekidsnow.gov to learn about the Connecting Kids to Coverage Campaign and to find outreach materials about Medicaid and CHIP eligibility and enrollment.
» To request help customizing Connecting Kids to Coverage National Campaign materials with your school’s logo, phone number, etc., in English and Spanish, visit http://insurekidsnow.gov/downloads/materialscustomizationguide-english.pdf.
» To learn how communities around the country are connecting eligible children to Medicaid and CHIP through schools or other community settings, check out the Outreach Video Library at http://insurekidsnow.gov/professionals/outreach-video-library.html.
» To help children and families enroll in health coverage through the Health Insurance Marketplace, including Medicaid and CHIP, visit Healthcare.gov.
» To read about eligibility and out-of-pocket costs for health coverage through the Health Insurance Marketplace, including Medicaid and CHIP, visit: https://www.healthcare.gov/quick-guide.
» For information on issues that impact uninsured Americans, and for tools to help uninsured Americans enroll during the open enrollment period, visit https://www.enrollamerica.org/research-maps/toolkits.
HIGH-IMPACT OPPORTUNITY #2
Provide and Expand Reimbursable Health Services in Schools.

What
Schools and LEAs may be eligible, subject to an approved state Medicaid plan, for reimbursement for Medicaid services delivered in schools to children enrolled in Medicaid. Recent guidance from the Centers for Medicare and Medicaid Services (CMS) explains changes in the federal “free care” policy, which addresses Medicaid payment for services available without charge to the community at large (“free care”). Schools and LEAs can refer to this guidance to understand the requirements that must be met in order for Medicaid reimbursement to be available.

Research Shows
Research shows that services provided by school-based health centers can significantly improve key educational outcomes among students.

Consider
State Medicaid agencies, State educational agencies (SEAs), and LEAs can work together to explore opportunities to secure reimbursement for health services delivered to students enrolled in Medicaid. They can map out a plan for making sure that schools with large numbers of eligible students are equipped to participate.

Example
Hanover County Public Schools in Virginia is able to claim Medicaid reimbursement for services delivered to children enrolled in Medicaid. The funds received by the state go back to the school district and are used for special education and health services programs. The funding supports several nursing positions as well as contracted nursing services for students who

---

require one-on-one care. It also supports the purchase of large equipment for occupational therapy, physical therapy and vision and hearing services, as well as school clinic supplies such as medicine cabinets, thermometers, nebulizers, suction machines, wheelchairs, cots, and other supplies.

**LINKS/RESOURCES**

- To learn about the preventive, dental, mental health, and developmental/specialty services available through Medicaid’s Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) for children, visit [http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html](http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html).

- To get resources and information related to preventive services for individuals enrolled in Medicaid or CHIP, visit [http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prevention.html](http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prevention.html).

HIGH-IMPACT OPPORTUNITY #3
Provide or Expand Services That Support At-Risk Students, Including Through Medicaid-funded Case Management.

What
Schools and health organizations should work together to provide wraparound services (services that address the full spectrum of health, education, safety, and welfare needs) to students, in order to remove barriers to learning that may be created by health conditions, exposure to violence or trauma, or instability or stress in the community or at home.

Research Shows
Wraparound services have been shown to benefit children, including those who are low-income, chronically absent, homeless, or otherwise at risk of falling behind in school. Childhood trauma or maltreatment, such as neglect and abuse, can negatively affect brain development. Coordinated services that protect young children from the effects of trauma are likely to promote brain development and learning ability.

Consider
LEAs and schools can, in accordance with an approved state Medicaid plan and applicable federal privacy laws, use Medicaid funding to support district and school-based case managers, who can work to connect Medicaid-enrolled students in schools to necessary health care and related support services (e.g., housing, transportation). (Please refer to page XX for additional information on key federal laws protecting student data and privacy.)

LEAs and schools should explore, in compliance with applicable privacy laws, data sharing agreements with health organizations to address the academic and physical, mental, and behavioral needs of students at risk of falling behind and/or dropping out of school.

**Example**

At Park Elementary, in the Hayward Promise Neighborhood in Hayward, California, intervention specialists and case managers work together to support health and wellness, parent education, academics, social services, and mental health services as part of a cradle-to-career continuum. These coordinators manage referrals for students, which enable Park staff to better support students’ and families’ needs. For example, one such referral resulted in a public health nurse conducting biweekly home visits to a family to help them complete an action plan and enroll in Medi-Cal health benefits.

**LINKS/RESOURCES**

- To learn about the important role school counselors play in ensuring student success and the Federal Programs designed to support school counselors, visit [http://www2.ed.gov/policy/elsec/guid/secletter/140630.html](http://www2.ed.gov/policy/elsec/guid/secletter/140630.html).
- To access a one-page HHS services locator document that lists available services such as assistance programs and social services for children, adolescents and young adults, visit: [http://www.hhs.gov/ash/oah/resources-and-publications/assets/health_service_locator.pdf](http://www.hhs.gov/ash/oah/resources-and-publications/assets/health_service_locator.pdf).
- To understand the legal requirements for supporting homeless students with disabilities under the Individuals with Disabilities Education Act, visit [http://center.serve.org/nche/downloads/briefs/idea.pdf](http://center.serve.org/nche/downloads/briefs/idea.pdf) and [http://www2.ed.gov/about/offices/list/osers/osep/policy.html](http://www2.ed.gov/about/offices/list/osers/osep/policy.html).
- For information on the impact of teen pregnancy on student outcomes and for strategies to support pregnant and parent students, visit [http://www2.ed.gov/about/offices/list/ocr/docs/pregnancy.pdf](http://www2.ed.gov/about/offices/list/ocr/docs/pregnancy.pdf).
- To learn what wellness informed care is and how to integrate it into your community/workplace, visit [http://www.integration.samhsa.gov/health-wellness/wellness-strategies#wellness informed care](http://www.integration.samhsa.gov/health-wellness/wellness-strategies#wellness informed care).
- To ensure effective delivery of wraparound services, check out resources from the National Wraparound Initiative at [http://nwi.pdx.edu](http://nwi.pdx.edu).
- For background information on and resources related to wraparound services and their role in Positive Behavioral Support, visit [http://www.pbis.org/school/tertiary-level/wraparound](http://www.pbis.org/school/tertiary-level/wraparound).
- To read about the National Education Association’s information regarding wraparound services and its recommendations for actors at the local, state and federal level, visit [https://www.nea.org/assets/docs/Wraparound-Services-05142013.pdf](https://www.nea.org/assets/docs/Wraparound-Services-05142013.pdf).
HIGH-IMPACT OPPORTUNITY #4
Promote Healthy School Practices Through Nutrition, Physical Activity, and Health Education.

**What**
School learning environments should be designed to promote and reinforce health and well-being, including opportunities for, and access to, daily physical activity, high-quality, nutritious school food, and rigorous and effective nutrition and health education.

**Research Shows**
Increased physical activity and access to nutritious food throughout the school day can improve student learning and academic and health outcomes. In addition, research has shown comprehensive health education decreases tobacco use, alcohol use, and other delinquent behaviors.

**Consider**
Schools can assess their policies and practices by completing the Centers for Disease Control and Prevention’s School Health Index and implementing strategies found in the School Health Guidelines to Promote Healthy Eating and Physical Activity.

Schools can sign up to be a school champion through the Let’s Move! Active Schools initiative, and use the Let’s Move! Active Schools assessment tool to identify and address physical activity and physical education programming needs.

---


LEAs can also support healthy environments for all children by developing strong Local School Wellness Policies that are deeply integrated into individual school improvement plans.

LEAs and schools can support effective health education for all students by utilizing the Centers for Disease Control and Prevention’s (CDC) Health Education Curriculum Analysis Tool (HECAT) to determine how to improve the alignment of existing health education courses with the National Health Education Standards and CDC’s Characteristics of an Effective Health Education Curriculum.

**Example**

The Jennings School District in Missouri used the Wellness School Assessment Tool (WellSAT) to assess and revise its wellness policy to include goals for increasing physical education and physical activity, as well as increasing access to fruits and vegetables. The district hired a full-time health and wellness coordinator who helped develop and implement a robust physical education curriculum. As a result, teachers reported that students were less disruptive and less likely to engage in inappropriate behavior because they were busy participating in inclusive, active, and fun activities. The wellness coordinator also chaired a cross-agency, multi-partner committee that helped create a community garden at an elementary school to provide hands-on education in healthy food practices. Learn more about the WellSAT at [http://www.wellsat.org](http://www.wellsat.org).

**LINKS/RESOURCES**

- To evaluate your school’s current physical activity levels and to gain access to programs, initiatives, and resources to get students moving, visit [http://static1.squarespace.com/static/53b1a843e4b0dcbabf4b4b85/t/554151cbe4b0a7a9583911b4/1430344139181/15-LMASFramework_4.29.15.pdf](http://static1.squarespace.com/static/53b1a843e4b0dcbabf4b4b85/t/554151cbe4b0a7a9583911b4/1430344139181/15-LMASFramework_4.29.15.pdf).
- To review the CDC’s School Health Guidelines and access best practices around these guidelines, visit [http://www.cdc.gov/healthyschools/npao/strategies.htm](http://www.cdc.gov/healthyschools/npao/strategies.htm).
- To access practical action steps and resources from Adolescent Health: Think. Act. Grow (TAG), a national call to action to promote adolescent health, visit [http://www.hhs.gov/ash/oah/tag](http://www.hhs.gov/ash/oah/tag).
- To develop a coordinated school health plan to address the safety and health needs of students


- For training materials and resources from the Teen Pregnancy Prevention Resources Center for organizations working to reduce teen pregnancy, visit [http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy](http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy).

- For training materials and resources from the Pregnancy Assistance Fund (PAF) Resource and Training Center for organizations that serve expectant and parenting teens, visit [http://www.hhs.gov/ash/oah/oah-initiatives/paf](http://www.hhs.gov/ash/oah/oah-initiatives/paf).


- To complete an online school health self-assessment and learn about the CDC’s guidelines to improve health and safety in school, visit [http://www.cdc.gov/healthyschools/shi/index.htm](http://www.cdc.gov/healthyschools/shi/index.htm).

- For resources on creating a healthier school environment and engaging in the local school wellness policy process, visit [http://healthymeals.nal.usda.gov/school-wellness-resources-2](http://healthymeals.nal.usda.gov/school-wellness-resources-2).


- For access to free nutrition education and promotion materials available from USDA's Team Nutrition initiative, visit [www.teamnutrition.usda.gov](http://www.teamnutrition.usda.gov).

- To learn how you can provide meals to students during the summer with the Summer Food Service Program, visit [http://www.fns.usda.gov/sfsp/summer-meals-toolkit](http://www.fns.usda.gov/sfsp/summer-meals-toolkit).


- To improve the indoor air quality and create a healthy learning environment, visit [http://www2.epa.gov/iaq-schools](http://www2.epa.gov/iaq-schools).


- To access your state’s laws and policies on a variety of school health topics, visit [http://www.nasbe.org/healthy_schools/hs](http://www.nasbe.org/healthy_schools/hs).


- For tips to make school environments safer for students with asthma, including ideas on how to improve air quality within and outside of the school, visit [http://www.rampasthma.org/uploads/asthma_guide_sbhc.pdf](http://www.rampasthma.org/uploads/asthma_guide_sbhc.pdf).


- For resources on incorporating health and nutrition into the classroom setting, visit [http://www.nemours.org/service/health/growuphealthy/521almostnone.html](http://www.nemours.org/service/health/growuphealthy/521almostnone.html).
HIGH-IMPACT OPPORTUNITY #5
Build Local Partnerships and Participate in Hospital Community Health Needs Assessments.

What
Hospital community benefits include initiatives and activities undertaken by nonprofit hospitals to improve health in the communities they serve. Under the Affordable Care Act, hospitals claiming 501(c)(3) charitable, tax-exempt status must conduct a community health needs assessment (CHNA) at least every three years (beginning in 2012/2013) and adopt strategies to address prioritized needs. Hospital CHNAs can help launch productive partnerships between hospitals and schools because nonprofit hospitals are required to consult with community members and public health experts as part of the CHNA process. Schools and school districts can also partner with many other kinds of community-based organizations to enrich the health services available to students.

Research Shows
A growing body of evidence and experience suggests that multi-organizational partnerships are promising mechanisms for improving public health.

Consider
School districts can meet with community benefit staff in local tax-exempt hospitals to learn how the needs assessment is conducted and how they can become part of the process. Hospital and school administrators – as well as parents, teachers, and other members of the community – can work together with hospitals to identify investments that can improve school health and educational outcomes in the targeted service area of the hospital.

Examples

The Community Health Network (CHN) in Indiana has established school health services in over 100 schools in Indianapolis. Students can access a range of mental health and health services, from immunizations and treatment for minor illnesses to primary care at some locations. Brigham and Women’s Hospital (BWH) in Boston provides programs to help build science and literacy skills through Brigham Book Buddies, Pen Pal Program, and an interactive Science Club for elementary school students. As part of its mission to diversify the future health care workforce, BWH’s Student Success Jobs Program employs and mentors Boston Public School high school students to introduce them to careers in health care, science, and medicine. These programs are made possible through the involvement of hundreds of committed employee volunteers.

The Missing School Matters campaign is another example of the ability of local partnerships to achieve change. At the request of 12 partnering Central Texas school district superintendents, the E3 (Education Equals Economics) Alliance in Austin, TX, launched a campaign in 2011 to improve student attendance, in order to increase student achievement and to return more revenue to schools, which are funded based on daily attendance. To provide data on which students are most frequently absent—as well as why, when and where—E3 Alliance designed and executed a ground-breaking Absence Reasons Study in 2013 funded by St. David’s Foundation and Central Health. The study found that the single largest reported cause of Central Texas student absences (48 percent) is acute illness and that addressing causes of preventable illness would have the greatest potential impact on absenteeism. In 2014, with the support of partners such as St. David’s Foundation, Healthy Schools LLC, and Schoolhouse Pediatrics, E3 Alliance brought flu vaccines at no cost to more than 6,500 students in 56 elementary schools—the largest in-school flu immunization campaign in the history of the state of Texas. In 2015, the campaign will be quadrupled, to 26,000 students in 136 schools. Since E3 Alliance launched Missing School Matters, over $20 million has been returned to Central Texas schools because total student absences have dropped while overall enrollment rapidly increased for the first time in two decades.

LINKS/RESOURCES


» To develop a community health needs assessment, determine a community’s health needs and to learn about the role of Hospital Community Benefit in addressing those needs, visit http://www.cdc.gov/stltpublichealth/Program/resources/community.html.

» To find the nearest school-based health center go to: http://findahealthcenter.hrsa.gov.

» For information on school-based health centers and the relationship between student health and outcomes, visit the School-Based Health Alliance at http://www.sbh4all.org.

» To learn more about how school administrators can promote student and school health, visit http://www.aasa.org/content.aspx?id=206.
To learn about how the Children’s Defense Fund can support efforts in your area to address the health challenges faced by children, visit http://www.childrensdefense.org/policy/health.

To access best practices in children’s health care from the American Academy of Pediatrics, visit www.aap.org.

To learn how the National Association of School Nurses promotes student health on a variety of topics including asthma, lice, violence, obesity, and environmental health visit www.nasn.org.

To view best practices for counselors, administrators, and parents from the American School Counselor Association, visit http://schoolcounselor.org.

To get resources for schools and school social workers focused on addressing the social, emotional, and academic needs of students from the School Social Work Association of America, visit http://www.sswaa.org/?page=758P.

To build stronger community partnerships using strategies compiled by the Coalition for Community Schools, visit http://www.communityschools.org/multimedia/current.aspx#Article.

For state/territory-specific public health information compiled by the Association of State and Territorial Health Officials, visit http://www.astho.org/Public-Policy/State-Health-Policy.

To learn about ways to create healthier school environments, visit the Healthy Schools Campaign website at http://www.healthyschoolscampaign.org/.

To develop skills to identify and address the health needs of your community, visit http://www.cdc.gov/CHInav/.

To find strategies to prevent youth violence and substance use and increase student access to mental health services, visit the Safe Schools/Healthy Students website at http://www.samhsa.gov/safe-schools-healthy-students.

To review collaborative strategies used by schools and community partners to connect students to mental health services, visit http://www.attendanceworks.org/wordpress/wp-content/uploads/2014/10/Connecting-Students-to-Mental-Health-Services_FINAL.pdf.

For strategies to integrate school-based strategies that promote students’ social-emotional, cognitive, and health needs into local and state policy, visit http://actionguide.healthinschools.org/.

To learn more about absenteeism, how schools and communities can partner together to address the issue, and access a toolkit full of helpful resources, visit http://www2.ed.gov/about/inits/ed/chronicabsenteeism/index.html. To understand why chronic absenteeism is an issue and how to engage all community stakeholders to address it, visit http://awareness.attendanceworks.org/wp-content/uploads/Count-Us-In-toolkit-2015_Final.pdf.


To learn how Kaiser Permanente has partnered with national organizations to develop healthy “Thriving Schools,” visit http://thrivingschools.kaiserpermanente.org.

To develop strategies to build and strengthen family-school partnerships, school and district leaders can visit http://www2.ed.gov/documents/family-community/partners-education.pdf.

To read about the impact community and school partnerships can have on supporting teaching and learning, visit http://www.aft.org/sites/default/files/ae_summer2009.pdf.

For an example of a public school system that has formed information-sharing partnerships between school nurses and community health care providers, visit http://www.nemours.org/health-professionals/nemourslink/student-health-collaboration.html.
Key Federal Laws Protecting Student Data and Privacy

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a federal law that affords parents the right to have some control over the disclosure of personally identifiable information (PII) from the education records. The term “education records” means those records that are: (1) directly related to a student; and (2) maintained by an educational agency or institution or by a party acting for the agency or institution. See § 99.3 “Education records.” Please note that, at the K-12 level, “education records” includes health records. FERPA generally requires that parents or eligible students provide prior written consent before schools can share PII from a student’s education records, unless an exception to FERPA’s general consent requirement applies.

IDEA also contains confidentiality provisions that protect the privacy of student information (20 U.S.C. 1417(c) and 34 C.F.R. §§300.610-300.626). Consistent with FERPA, these provisions generally require the prior written consent of a parent for disclosure of PII from education records, unless a specific exception applies. IDEA specifically requires public agencies to obtain written consent from the parent for release of personally identifiable information to a public benefits or insurance program, e.g., Medicaid. For more information about this parental consent requirement if public agencies seek to access a child’s or parent’s public benefits or insurance (e.g., Medicaid) to provide or pay for services required under Part B of IDEA for children with disabilities and parental rights and protections, see 34 C.F.R. §300.154(d)(2)(iv) and (v). See also Suggested Model for Written Notification of Parental Rights regarding Use of Public Benefits or Insurance, available at: https://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/accmodeledwrittennotification-6-11-13.pdf.

For more information about FERPA, please visit http://familypolicy.ed.gov/. General questions about FERPA may be submitted to the Department’s Family Policy Compliance Office using the Contact Us tab on that website or directly at http://familypolicy.ed.gov/content/questionscomments.

For information on the connection between FERPA and the Health Insurance Portability and Accountability Act (HIPAA), maintaining student health records, and the role these laws play in ensuring student safety and security, visit http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/hipaaferpajointguide.pdf. For additional information about the HIPAA Rules, visit http://www.hhs.gov/ocr/privacy.