

# **Chapter 1: Introduction to School Health Services**

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## **GOALS OF A SCHOOL HEALTH PROGRAM**

At the local school level, the school health program may take on a variety of forms. This is determined by the size of the student population, the needs of the community, available resources and the population of students with special health care needs. ***At a minimum***, a local school health program will include: first aid and emergency response, including CPR and response to breathing emergencies utilizing the mandated medication protocol; medication administration; immunization, physical exam, and visual evaluation compliance; and health screening.

### **Recommended Goals of a School Health Program:**

- Provide Health Screening and immunization monitoring
- Control the spread of communicable disease
- Provide nursing consultation and specialized cares for children with special health care needs that impact their learning and/or attendance at school
- Promote and facilitate utilization of primary health care
- Provide a healthy and safe school environment
- Promote comprehensive and appropriate health education
- Provide a system for dealing with crisis medical situations
- Evaluate the health program

## Priorities of a School Health Program:

Sometimes School Administrators and School Nurses in Nebraska request **priorities** for a school health program if the budget and/or nurse's time are quite limited. If that is the case, two priorities are recommended above all:

- a. Assure compliance by the school with statutory and regulatory requirements for school health; and
- b. Assist the school to prepare personnel to fulfill various school health services functions when the nurse is not present.

To address these two areas most efficiently and effectively, ten priority activities are suggested:

1. Assure immunization compliance for all grades.
  - a. Prepare the November immunization report.
2. Organize and conduct the annual health screening program.
  - a. Hearing, vision, BMI, dental per DHHS minimum recommendations
  - b. Conduct rescreening for students not passing initial screening. A pass at rescreening is the same as a pass at the initial attempt.
  - c. Identify students whose parents/guardians are to be notified of need for further evaluation.
  - d. Provide to the school administrator an aggregate report of screening by grade (total students screened; % passing, % needing parental notification of need for further evaluation).
  - e. Involve volunteers or others in conducting screening according to competencies for each screening procedure.
3. Assure compliance with providing evidence of a physical exam requirement (K, 7<sup>th</sup>, and out of state transfers) and visual evaluation requirement (K and out of state transfers).
  - a. For compliance purposes, statement of objection of the physical exam and/or the vision exam by parent is acceptable.
  - b. Provide report of aggregate compliance levels (how many reports/exams, how many waivers, how many unaccounted for) to administration.
4. Provide exposure control training to personnel
  - a. Assist school administrator in identifying needs for personal protective equipment

- b. Identify infection control concerns to school administrator.
  - c. Assure exposure control policies are current and available to personnel.
- 5. Provide medication administration training as needed and competency determination as required for school personnel assigned responsibility for providing medications to students.
  - a. Provide required documentation for school.
  - b. Review/make recommendations on medication administration policies and practices at school to school administrator.
- 6. Provide emergency response team training as needed and competency determination as required for school personnel assigned responsibility for implementing the emergency protocol for life-threatening breathing emergencies in Nebraska schools.
  - a. Assure required supplies and equipment including medications is available at school.
  - b. Provide required documentation for school.
  - c. Recommended: minimum of three persons usually on the premises all day at school.
- 7. Identify students with special health care needs that require attention at school, or planning for emergency response, or related accommodations planning under IDEA or Section 504.
  - a. Develop IHPs (Individualized Healthcare Plans as indicated)
  - b. Provide information and consultation to Student Assistance Team as needed.
  - c. Make delegation decisions according to Nebraska Nurse Practice Act
  - d. Assist in preparing and assuring properly qualified personnel are assigned activities related to health and medical services for students with special health care needs.
- 8. Assist the school in preparing for crisis medical response.
  - a. Seek administrator input on priorities
  - b. Identify supplies and equipment for the health office.
  - c. Recommend minimum training and capacity for school: at least three people are currently certified in standard first aid and CPR
  - d. Assure there is a system in place for documenting and reporting severe injuries to parents.
  - e. Identify needs to comply with the Concussion Awareness Act, effective July 2012.

9. Assist administrator in identifying and developing policies to comply with absenteeism statutory requirements for students with prolonged absence due to illness.

**10. Other duties as time permits.**

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## SCHOOL NURSE ACTIVITY CALENDAR

At the local school level, each school year presents an array of challenges and activities. However, many of the events and activities of the school health office follow a somewhat predictable pattern. To begin, a new school nurse will need to seek out an array of vital information. When familiar with this necessary information, the School Nurse is ready to plan a tentative schedule of services and activities, addressing identified goals and objectives. The new School Nurse should continue the program currently in operation according to accepted policies and procedures until desirable changes can be made.

***Before school begins, if possible, the nurse should try to accomplish the following activities:***

- ✓ Request to meet with the School Superintendent or designee, or otherwise obtain:
  1. The school district's philosophy of the school health program.
  2. A current job description for the School Nurse.
  3. Any written school health policies and procedures, school health manual or guidelines.
  4. Orientation for the School Nurse to the building and grounds.
  5. Introductions to key personnel in the school(s) and district.
  6. A school calendar, building schedules and individual class rosters.
- ✓ Meet the building principal(s) and office staff. Identify communication patterns for exchange of information (e.g. mail box, phone calls, referrals to nurse, notification of teachers).
- ✓ Locate the school health office(s). Determine how health office space will be utilized. Assess supplies and equipment. Identify methods for obtaining supplies.
- ✓ Locate the health records. Become familiar with local school policies regarding records, confidentiality, retention, and destruction. Assess how up-to-date the records are; which students have health problems; and how information is shared with those who need to know

- ✓ Develop and share a school nurse schedule based on student needs, building schedules, special health care needs, and the number of schools served determined by number of hours school nurse is available.
- ✓ Meet the faculty and describe the school nurse's role and procedure for referral. Provide faculty with a copy of the Nurse's schedule. Identify opportunities to provide exposure control training, breathing emergency response training, CPR to school personnel.
- ✓ Meet the coordinator of special education services in each building. Find out when building level conference are held, the procedure for referral services and how the nurse is notified of students needing evaluation. Know who obtains permission for assessment and sets the date for team conferences.
- ✓ Get acquainted with the cafeteria manager and workers, bus driver's supervisor and the school custodian. Observe the physical facility for health hazards and determine how assistance in solving these problems might be rendered.
- ✓ Develop or update a community resource file. Become familiar with available emergency services. Identify local health resources such as the health and social services department, mental health services, the school health advisory council, service clubs and their areas of interest, and health care providers. Make a list of contact persons at each of the agencies.
- ✓ Become acquainted with the type of data to be collected to document school nursing activities for accountability and quality assurance as well as where it will be documented – hard copy or electronic program.
- ✓ Identify resources for professional support, such as in-service and consultation available through the local, district and state Department of Health and the state Department of Education as well as the state school nurse consultant. Request an opportunity to visit a school nurse in a neighboring district. It is an inexpensive continuing education activity and an opportunity to begin networking. Learn what printed materials, such as newsletters, mailings, and journals are available.
- ✓ Join the state and national school nurse organizations – National Association of School Nurses – state affiliate – Nebraska School Nurses Association and/or the Central Nebraska School Nurses Association, and/or the American School Health Association.
- ✓ Make contact with the State School Nurse Consultant by calling (402) 471-1373 or (800) 801-1122.
- ✓ Sign up for the school nurse list serve at [www.Answers4Families.org](http://www.Answers4Families.org).

- ✓ If *no written procedures exist*, the School Nurse should identify those with top priority and draft them for the Superintendent's approval.

## School Nurse Activity Calendar

### **August**

- Develop a written plan for health program goals and priorities for the coming year with the District or Building Administrator
- Schedule universal precautions/exposure control training for all school personnel
- Schedule Emergency Response Team training per Title 92 NAC Chapter 59, Emergency Response to Life Threatening Asthma and Anaphylaxis
- Identify personnel responsible for assisting students with medications; assure competency and practices.
- Review emergency plans for children with health concerns, with parents and with educational personnel with need to know
- Identify staff trained in first aid and CPR.
- Check batteries on AED; assure EpiPen®, albuterol, nebulizer, and first aid kit are ready for emergencies
- Prepare Health Office and supplies
- Review and have signed appropriate consents and protocols.
- Review or develop a documentation system to log health office visits, monitor immunization compliance,

### **September**

- Update student health records
- Plan screening program for the year.
- Assure emergency information and supplies are accessible and ready
- Prepare emergency card file of students and staff
- Pursue compliance with immunization requirements, exclusions if necessary.
- Check compliance on physical exams and visual evaluations; notify parents of missing information.
- Schedule visit to classrooms regarding Health Service program and how students can access health care.
- Develop/update resource file on specific health issues and problems
- Meet with special education coordinator to identify processes of the Multidisciplinary Team and role of the nurse: screening data, health history, medication history, individualized health care plans
- Review emergency response and evacuation procedures.
- Continue to review emergency plans and individualized health care plans with school personnel with need to know, as needed.
- Teacher presentations: field trips and medications

### **October**

- Follow up with immunization compliance
- Set up conferences with parents/guardians and individual students with identified health problems to jointly develop a health care plan
- Secure a health and developmental history for all Kindergarten and new students
- Classroom visits for:
  1. Personnel safety, infection control
  2. Nutrition (National School Lunch Month)
  3. Safety and First Aid (School Bus Safety Week)
- Assess documentation and first aid practices of school personnel assigned responsibilities for health services; identify and plan for training needs.
- Review policies and procedures. Identify gaps or needs for policy development. Discuss and make recommendations to administration on policy development.
- Inspect building and grounds for health and safety standards
- Prepare health bulletin boards with timely information (change at least once a month) and/or submit articles

track screening referrals, manage medications, etc.

- Attend school meetings regularly
- Prepare emergency and First Aid kits for classrooms
- Review individual immunization records for compliance with requirements.
- Review individual health records.
- Check compliance on physical exam and visual evaluation; notify parents of missing information.

to school newsletter on health topics, and or send email “health news”.

- Conduct screening program, as scheduled.
- Assess whether school personnel have access to adequate personal protective equipment, and are using and disposing of it properly.
- Teacher presentations: flu avoidance practices

## School Nurse Activity Calendar

### **November**

- Complete Immunization Report and return to Nebraska Health and Human Services, Immunization Division by November 15.
- Continue to monitor provisionally enrolled students.
- Continually identify new and transfer students: health concerns, immunization compliance, etc.
- Monitor levels of absenteeism due to illness.
- Determine whether health office is adequately supplied.
- Monitor medication administration practices; documentation; inventory.
- Continue health promotion messages for staff and families.
- Conduct screening program as scheduled
- Participate in multidisciplinary teams as needed; provide information if not attending
- Teacher presentations: first aid and infection control in the classroom
- Classroom presentations that may be appropriate include:
  1. Colds – Flu - Sore throats
  2. Hand washing
  3. Positive health practices

### **December**

- Review individual student health records for completeness
- Monitor absenteeism due to illness
- Continue health promotion/health education messages from health office – bulletin boards, newsletters, emails.
- Conduct screening program as scheduled.
- Participate in multidisciplinary teams as needed; provide information if not attending
- Write a brief mid-year report of health office activity and progress on goals and priorities for building administrator.
- Teacher presentations: responding to breathing emergencies – asthma and anaphylaxis
- Classroom presentations
  1. Prevention of hypothermia
  2. Colds and flu
  3. Hand washing

### **January**

- Review absentee records to identify health problems requiring nurse's interventions
- Conduct screening program as scheduled
- Continually identify new and transfer students: health concerns, immunization compliance, etc.
- Participate in multidisciplinary teams as needed; provide information if not attending in person
- Continuously update individualized health care plans as needed.
- Classroom presentations
  1. Sexuality/Puberty for Girls: Grades 4, 5 and 6
  2. Sexuality/Puberty for Boys: Grades 5 and 6
- Begin planning for next year: supplies and equipment, health education, staff wellness, family communications, policies and procedures needed.
- Teacher presentations: "Brain Breaks:" keeping a physically active classroom even when there's snow outside.

## School Nurse Activity Calendar

### **February – March**

- Monitor absenteeism due to illness – identify opportunities to intervene with infection control or environmental practices, communications for families.
- Review individual student health records for completeness. Assure screening data entered if completed.
- Participate in multidisciplinary teams as needed; provide information if not attending in person
- Continually identify new and transfer students: health concerns, immunization compliance, etc
- Conduct/complete screening program as scheduled
- Prepare communications for Kindergarten Parent Meeting or Roundup
- Classroom presentations
  1. Dental Health Month
  2. Heart Health Month
  3. Nutrition Month

### **April - June**

- Plan and conduct pre-school screenings if scheduled
- Prepare notices regarding immunizations and physicals due next school year.
- Review individual health plan for children with special needs – and revise as needed.
- Participate in multidisciplinary teams as needed; provide information if not attending in person
- Complete documentation and notifications regarding screening results
- Review health education materials and make recommendations.
- Write a year-end summary report for school administrator, highlighting nurse activities; student utilization of health services; activities or services for educators and staff; family involvement.
- Continue planning and preparations for next school year.
- Attend annual school health conference.

### **July – August**

- Time for re-energizing, and continuing education!
- Prepare for any upcoming students with special health care needs

## SCHOOL HEALTH RECORDS

A school health record for an individual student encompasses immunization records, school health screening results; physical examination, visual evaluation, and dental reports; medication records; documentation of health office visits, and communications between school and parent/guardian or medical provider on health-related topics. A reliable, systematic method should be employed for organizing, filing, extracting data from, providing security for, and retaining these records.

All school health records are considered part of the educational record, and must be treated as such, retained and protected accordingly. From a legal standpoint, *any record relating to a student which is used by school district personnel* constitutes the educational record for a student. It includes **formal records** which have been developed for specific purposes. It also includes **informal records or notes**, if such notations are placed in a student's folder or record.

Any record prepared by an **outside agency**, and transmitted to the school, also becomes part of the student record if it is added to the student's folder and used by school personnel.

Documents often included in the school health record:

- Most recent physical exam
- Up to date immunization record
- Health history
- Health screening results
- Physician communications
- Medication consent forms and administration logs
- Parent communications related to health concerns
- Teacher observations
- Individualized health care plan, if appropriate
- Progress notes
- Flow sheets, etc.
- Referral or progress notes.

Typically, students' individual health records are stored and secured separately from records of an educational or classroom nature. Many local school districts have developed policies regarding educational records, including statements about those which must be retained permanently, and when others can be destroyed. The school health office personnel should be knowledgeable about such district-specific policies.

### Documentation Standards

Information recorded is pertinent, factual and objective. There is no place on a health record for rumor, speculation, opinion, assumption or unsubstantiated observation. Factual information which is not relevant to the student's education, and which could adversely affect their reputation or school progress, is omitted.

**Sensitive health information**, concerning problems such as pregnancy, emotional problems, or social-family problems (child abuse, substance abuse, sexual activity), needs careful consideration as to whether or not, or to what extent, such information is to be included in the student's health record. Many schools have local policies regarding documentation of sensitive issues, and these are taken into consideration. Mandatory reporting issues, the relevance to the student's educational experience; the potential damage to the student if accidental disclosure occurs; all these may affect the degree or nature of the school nurse's documentation.

It is important to consider whether or not the recording of the information in the student's health record would be detrimental to the student now or in the future, and whether or not the information has educational implications, in addition to how very sensitive information will be protected by all those with whom it may be legitimately shared at school.

FERPA permits school personnel to make records for personal use, which do not have to be disclosed to parents/guardians, as long as the notes are not stored at the school. Such professional notes may be destroyed at the discretion of the professional when the information is no longer relevant to the services being provided.

In an age of electronic student records, including health records, it may be helpful to develop written procedures concerning records corrections or deletions. Without such procedures, it may be difficult to track when records have been modified and by whom, occasionally a consideration in sensitive situations.

When a child advances to another school, or transfers to another school district, the original health record is reviewed by the school nurse, and incidental or outdated information removed. The individual health record follows the student, and parental consent is not needed to forward educational records including the health record to an institution where the student has enrolled. Consideration is given to how parents/guardians will be kept informed if highly sensitive information is transferred.

## **Confidentiality and Privacy Protections**

Educational records are confidential and protected by federal law, the Family Educational Rights and Privacy Act. Until the student reaches the age of majority, release of records outside of the school is permitted only with written parent/guardian consent.

Within the school, FERPA permits sharing of information about a student among school personnel who have a legitimate educational interest in the student. School health

personnel have the responsibility to share with the staff and the classroom teachers information about specific student health conditions which can affect their educational progress or safety at school.

When health information is by necessity shared within the school among personnel with a legitimate educational interest in a student, the school nurse assures that such information is treated as confidential and protected from casual sharing. Consideration is given to how parents will be informed that such information-sharing may occur in order to benefit the safety and well-being of their child while at school.

School health personnel, and medical providers, often have questions regarding confidentiality and information-sharing topics in school health, and the interplay between FERPA and HIPAA, the federal Health Information Portability and Accountability Act (HIPAA). FERPA and HIPAA are compared on the next page.

## Confidentiality and Privacy Issues in School Health Services

### Comparison of FERPA and HIPAA

	<b>FERPA</b>	<b>HIPAA</b>
<b>Type and year of initial passage</b>	An Education Act 1973 (House), 1974 (Senate) Date enacted: 8/21/1974	Health and Human Services 1996
<b>Title</b>	Family Educational Rights and Privacy Act. Sometimes called the Buckley Amendment.	Health Insurance Portability and Accountability Act of 1996. Sometimes called the Privacy Rule.
<b>Scope and Population</b>	Applies to all schools that receive funds under an applicable program of the U.S. Department of Education	Covered Entities are: health plans, health care providers, and health care clearinghouses (processes data elements into transactions)
<b>Purpose</b>	A Federal law that protects the privacy of student education records.  <i>Note: Generally, school health records are education records. If the school has a school based health center, contracts with community health care providers to provide health services in the school, or bills for treatment services provided, HIPAA rules may apply.</i>	A Federal law that assures individual health information is properly protected while allowing the flow of health information needed to deliver health care and protect the public.
<b>Consent</b>	All disclosures except those specified below require written parent/guardian or eligible student consent prior to release. When the student reaches the age of majority, rights of consent and access transfer to the student (referred to as the eligible student).	*A covered entity must obtain the individual's written authorization for any use or disclosure of protected health information that is not for treatment, payment, or health care operations or otherwise permitted or required by the Privacy Rule.
<b>Permissive Aspects</b>	<p>*FERPA allows schools to disclose records without consent to the following parties or under the following conditions:</p> <ul style="list-style-type: none"> <li>• School officials with legitimate educational interest;</li> <li>• Other schools to which the student is transferring;</li> <li>• Specified officials for audit or evaluation purposes;</li> <li>• Organizations conducting certain studies on behalf of the school;</li> <li>• Accrediting organizations;</li> <li>• To comply with subpoena or judicial order;</li> <li>• Appropriate officials in case of health and safety emergencies; and</li> <li>• Juvenile justice system pursuant to state law.</li> </ul> <p>*Parents/guardians or eligible students have the right to inspect and review the</p>	<p>*A covered entity is permitted but not required to use and disclose health information without consent for the following purposes or situations:</p> <ul style="list-style-type: none"> <li>• To the individual;</li> <li>• For Treatment, Payment, and Health Care Operations;</li> <li>• Opportunity to Agree or Object;</li> <li>• Incident to an otherwise permitted use or disclosure;</li> <li>• Public interest and benefit activities; and</li> <li>• Limited data set for research, public health, or health care operations.</li> </ul> <p>*Permissible disclosures include those made to other "health care providers" (as defined in the law), whether or not they are HIPAA-covered entities.</p> <p>*Permits disclosures to public health authorities, including: local and state</p>

	<p>student's education records maintained by the school.</p> <p>*Release of Student Directory Information is permitted (name, telephone number, email address, major field of study, dates of attendance, degrees and awards, enrollment status, educational institutions attended, and – for athletes, date of birth, weight, and height.)</p> <p>*Schools are allowed to release aggregate information that does not include personal identifying information.</p> <p>*Parents or eligible students may request amendments of records.</p>	<p>public health departments and federal public health agencies.</p> <p>*There are no restrictions on de-identified health information.</p>
<b>Restrictive Aspects</b>	<p>*Records that are kept in the sole possession of the maker, are used only as a personal memory aid, and are not accessible or revealed to any other person except a temporary substitute for the maker of the record need not be disclosed to the parent/guardian or eligible student.</p> <p>*The definition of health and safety emergencies may be strictly defined, and may not apply in public health situations. For more information, see the website below for recent policy statements from the Secretary of Education.</p>	<p>*A covered entity must make reasonable efforts to use, disclose and request only the minimum amount of protected health information needed to accomplish the intended purpose.</p> <p>*The minimum necessary requirement is not imposed when disclosure is made for Treatment, Payment, or Operations.</p> <p>*Therefore, a pediatrician can discuss with a school nurse, using the minimum necessary standard, a child's medical order and school treatment plan without written authorization from the parent.</p>
<b>Find Out More</b>	<a href="http://www.ed.gov/policy/gen/guid/fpcos/index.html">www.ed.gov/policy/gen/guid/fpcos/index.html</a>	<a href="http://www.hhs.gov/ocr/hipaa/">http://www.hhs.gov/ocr/hipaa/</a> .

*Disclaimer: The information provided here is not intended to be an all-inclusive overview of two federal laws. The focus here is limited to school health services. Both FERPA and HIPAA encompass many more aspects of educational and health care services delivery. This information is not intended to be interpreted as DHHS policy, nor take the place of legal counsel in any specific situation.*

## **Records Retention**

It is always advisable to first check if there are local school district policies in place regarding records retention. Districts may choose to categorize records in various ways, helpful to know in understanding where health records might fit into the mix. In general, student health records are educational records, and records pertaining to public schools and special education fall under the regulatory purview of the Secretary of State in Nebraska.

Two reference documents pertaining to records retention:

Schedule 10 Local School Districts:

[http://www.sos.ne.gov/records-management/pdf/10\\_website.pdf](http://www.sos.ne.gov/records-management/pdf/10_website.pdf)

Schedule 39-112 Department of Education Special Populations

[http://www.sos.ne.gov/records-management/pdf/39\\_112\\_website.pdf](http://www.sos.ne.gov/records-management/pdf/39_112_website.pdf)

These two documents do not elaborate much on health records. Page 8 of Schedule 10 lists as permanent records, “Record of data and type of inoculations and health examination which are given to the class or student body as a whole.” These records are confidential. These records may be retained permanently or microfilmed and originals destroyed after the student’s 3 year continuous absence from school.

In this schedule for local school districts, it appears that many records including anecdotal records, consents, correspondence, and reports, are classified as Subsidiary Student Records. These may be destroyed upon graduation or after the student’s 3 year continuous absence from the school.

Similarly, Schedule 39-112 contains little specifically about health records. One indication is that individual student records maintained by a state agency for individual students can be destroyed 5 years after they are no longer needed or when they (records) are 20 years old, whichever comes first.

## **STATUTES AND REGULATIONS PERTAINING TO SCHOOL HEALTH**

When working with children, families, educators and administrators regarding school health topics, it can be vital to have the correct language of relevant laws or regulations available. Find a useful guide to Statutes and Regulations Pertaining to School Health at the following link:

[http://dhhs.ne.gov/publichealth/Pages/schoolhealth\\_regulations.aspx](http://dhhs.ne.gov/publichealth/Pages/schoolhealth_regulations.aspx)

## **SCHOOL HEALTH: MORE THAN A BAND-AID**

In the area of school health, it is useful to be aware that a strong evidence-base, data, and theoretically-strong structures all exist to demonstrate how important “health” is to “successful learning.” Not only do healthy children learn better, but health issues suffered by children that are detrimental not only to learning but to the trajectory of life

success for the child, can be addressed at school to the child's advantage. While the school is not solely responsible for the physical and social-emotional well-being of children in a local community, they have long been recognized as a vital partner in advancing the future and well-being of the community.

### **Evidence-based and Data-driven School Health Programs.**

School health programs can provide an essential piece of the school data picture. Knowledge of chronic disease states and impact on absenteeism and performance; obesity data and other screening data; and injury data can yield important information on the individual and, more often, population or aggregate level.

The worlds of education and health are ever more strongly aligned by a drive to assure that interventions and outcomes are driven by accurate and reliable, valid data. A variety of data resources exist to provide baseline data as well as trend data in measures of health of children.

A compelling evidence base links many health status parameters with academic success. The DHHS School Health program, the Nutrition and Physical Activity Program, and the Dept. of Education Coordinated School Health Program make numerous resources available on the linkage between health and academics. A project summary follows. Resources related to eleven evidence-based statements regarding school health, at the following links:

[http://dhhs.ne.gov/publichealth/Documents/Exploring-Evidence-Base-Relationship-between-HealthLearning%20\(updated%20May%202010\).pdf](http://dhhs.ne.gov/publichealth/Documents/Exploring-Evidence-Base-Relationship-between-HealthLearning%20(updated%20May%202010).pdf)

### **EXPLORING THE EVIDENCE-BASE FOR THE RELATIONSHIP BETWEEN HEALTH AND LEARNING Summary of Project Findings**

#### **EVIDENCE-BASED STATEMENT #1:**

***Evidence supports mental health screening of adolescents.***

- Mental disorders are strongly associated with school drop-out.
- (Quality) Intervention is effective.
- Mental health in adulthood relates to mental health in adolescence.

#### **EVIDENCE-BASED STATEMENT #2:**

***Physical activity stimulates learning.***

- Physical fitness is significantly related to school achievement.
- Vigorous physical activity boosts performance.
- No negative impact of physical education.

#### **EVIDENCE-BASED STATEMENT #3:**

***Nutrition affects learning and behavior.***

- Breakfast improves attention, memory, test performance, attendance, and weight control.
- Food insufficiency relates to poor behavioral and academic function in low income children
- Food quality and frequency may relate to positive effects.

**EVIDENCE-BASED STATEMENT #4:**

***Chronic illness affects attendance and performance.***

- Asthma...attendance. Performance effect is related to asthma severity. Management improves with education.
- ADHD...attendance, performance, and persistent problems
- Chronic pain or illness...attendance, effects on performance when absenteeism is extreme; relationship between chronic pain, depression, and absenteeism
- Obesity... closely related to: socioeconomic status and stress of poverty, low levels of physical activity, associated with poorer attendance and performance (effects are muted in the general population).

**EVIDENCE-BASED STATEMENT #5:**

***Chronic illness management by the school nurse reduces absenteeism***

- Improvements in parent knowledge and management
- Improvements in student knowledge and management
- Greater likelihood of asthma meds at school
- Strong evidence relates to asthma, some general studies of chronic illness.

**EVIDENCE-BASED STATEMENT #6:**

***Poor air quality has profound effects on brain function***

- Air contaminants (carbon monoxide, toluene, volatile organic compounds) affect memory, performance of complex tasks, and response time
- Persistent severe air pollution produces cognitive dysfunction
- Effects may be mediated by stress and cognition.

**EVIDENCE-BASED STATEMENT #7:**

***Performance and learning are profoundly affected by sleep.*** Chronic sleep deprivation is linked with higher risk of obesity.

**EVIDENCE-BASED STATEMENT #8:**

***Coordinated School Health Programs are considered promising because of evidence for effects in some domains, but the evidence for all components operating together to produce gains in student learning is weak.***

**EVIDENCE-BASED STATEMENT #9:**

***There is no evidence that staff health promotion produces positive impacts for student learning.***

**EVIDENCE-BASED STATEMENT #10:**

***Health and Education outcomes in populations are closely linked.***

- Children with some chronic illnesses and mental illness experience lower educational attainment. (Match outcomes of peers: sarcoidosis, cancer. Do not match peers: ADHD, speech and language, mental disorders).
- Individuals who do not graduate from high school suffer more chronic health issues, disability, and health risks than those who do graduate.
- Health and educational outcomes are mediated by complex social, economic, interpersonal, and psychological factors.

#### **EVIDENCE-BASED STATEMENT #11**

***Conditions of childhood, including some health conditions, are significantly related to poor health outcomes in adult populations.***

- Conditions impacting the life course:
  - Abuse and neglect in childhood, high stress
  - Mental Illness in Adolescence
  - ADHD
  - Educational attainment
  - Mediated by: poverty, cognition
- Most functional difficulties in children with special health care needs are respiratory or mental health in nature.
- Asthma in the general population: higher among children under age 15 than among persons aged 15 – 34 years and 35 and over.
- Risk of diabetes increases steadily with age.

5/2010

#### **Coordinated School Health (Whole School, Whole Community, Whole Child)**

In 1998, *Health is Academic*, a landmark introduction and guide to Coordinated School Health Programs, was published. The Coordinated School Health Program model portrays successful student learning tied to health behaviors, health education, health services, and health supports for children at school. The model highlights the fact that pediatric populations nationwide suffer increasing rates of health and growth concerns that impact school and life success. Schools are encouraged to develop integrated and interrelated approaches to supporting healthy student development, through combined efforts of eight domains:

- Comprehensive school health education
- Physical education
- School Health Services
- School nutrition services
- School counseling, psychological, and social services
- Healthy school environments
- Staff health promotion
- Family and Community involvement

Additional resources about Coordinated School Health Programs are available from the Centers for Disease Control and Prevention (CDC) at

<http://www.cdc.gov/healthyyouth/cshp/> , and the Nebraska Department of Education at

<http://www.education.ne.gov/CSH/Index.html>. Of particular note is the school-based assessment tool, the School Health Index, corresponding to the eight domains and available from CDC.

### **School Health Policy and Practices Survey (SHPPS)**

Starting in 2000, the Centers for Disease Control and Prevention have conducted state-by-state surveys of schools and departments of education, in order to measure the extent to which schools are implementing the Coordinated School Health Program model, and to assess measurable outcomes.

The survey results are helpful to analyze the function and impact of the various domains. Of interest to school nurses, for example, is a finding in the 2006 SHPPS survey that school nurses seem to be particularly effective among all school personnel in building community relationships that result in higher levels of utilization of community resources by children and families in need.

Find out more about SHPPS at <http://www.cdc.gov/healthyyouth/shpps/>.

## **MORE RESOURCES**

Answers4Families.org, School Health Webpage:  
<http://www.answers4families.org/professional/school-health>

American School Health Association: [www.ashaweb.org](http://www.ashaweb.org)

Centers for Disease Control and Prevention  
Resources on Coordinated School Health Programs:  
<http://www.cdc.gov/healthyyouth/cshp/>

National Association of School Nurses: [www.nasn.org](http://www.nasn.org)

Nebraska School Nurses Association:  
<https://nebraskaschoolnurses.nursingnetwork.com/>

Nebraska Department of Health and Human Services  
Division of Public Health  
School Health Program: <http://www.dhhs.ne.gov/publichealth/Pages/schoolhealth.aspx>