SCHOOL HEALTH PROGRAM

DIVISION OF PUBLIC HEALTH – LIFESPAN HEALTH SERVICES
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Summary Report of Survey: Local Health Department (LHD) Involvement in School Health in Nebraska (May 2008)

Seventeen of nineteen local health departments (LHDs) in Nebraska responded to a survey via email in May 2008 (response rate = 90%). The survey was conducted with the assistance of the Public Health Association of Nebraska (PHAN). The purpose of the survey was to identify the extent to which LHDs are currently involved in the delivery of school health services in Nebraska.

All LHDs responding (100%) reported participation in weekly school absenteeism surveillance.

Twelve (71%) of the responding LHDs reported they provide services on school premises. Many reported more than one type of service. Service delivery to schools was described as follows:

Services provided by LHDs at school	**Number LHDs providing the service**	**% of LHDs**
Health Education for students *Topics:* *HIV, STDs* *Wellness/nutrition, physical ed.* *Growth and development* *Drug and alcohol use prevention* *Abstinence programming* *Handwashing* *Emergency preparedness* *Asthma* *Environmental health* *Dental health promotion* *Public health careers*	11	65%
School Screenings	5	29%
Health Education for staff	3	18%
Health Consultations	3	18%
Communicable disease investigation	2	12%
Flu shots for staff	1	6%
WIC	1	6%
Dental Services (fluoride varnish topical rinse)	1	6%
Environmental Health consultations (air quality monitoring, environmental lead testing)	1	6%

The five health departments participating in school health screening described services as follows: three health departments – dental screening; one health department – occasional lead screening; one health department – full slate of required school health screening services (vision, hearing, dental, height and weight, scoliosis). Three of the five health departments performing screening activities are rural, two urban. Of those providing dental screening, two are rural, one urban. An additional rural department includes dental health education among topics delivered.

Two (12%) LHDs reported they have contractual agreements in place with schools to provide school health services. One additional department reports they "are looking into it", and a fourth indicated they would do so if requested or needed by the local schools in the service area.

Finally, LHDs were asked to name two top public health priorities facing children and families with children in their service areas. All seventeen responded with at least two issues; five responded with more than two priorities. Overwhelmingly, LHDs (14 of 17; 82%) identified childhood obesity and related needs for improved nutrition and higher levels of physical activity as the top priority.

The intertwined issues of poverty and substance abuse together were named by 53% of health departments (9 departments).

Dental issues arose throughout the survey. In all, a total of nine health departments (53%) named dental services, dental health, or access to dental care are priorities for their health departments.

Priority Concern Identified by LHD	**Number**	**%**
Childhood obesity Promoting healthy eating Increasing physical activity	14	82%
Poverty, limited access to health care	6	35%
Alcohol and drug use	3	18%
Preventive health education and services	3	18%
Oral health	3	18%
Teen pregnancy	1	6%
Early identification/intervention/prevention of disease transmission	1	6%
Injury Prevention	1	6%
Immunizations	1	6%
Diabetes Type 2	1	6%
STDs in youth	1	6%
Preparedness	1	6%

Conclusion:

Key findings of the survey are that a majority of Nebraska's local health departments are involved in school health in their local communities by providing health education. Nearly a third currently are involved in providing school health screening services.

The survey affirmed that childhood obesity and the related issues of promoting increased physical activity and healthy nutrition are high priorities for local health departments in the area of child and family health, across the state. Issues of poverty, socioeconomic stress, and limited access to health care follow closely for the state's largest urban center and far less populated rural districts all over the state. Dental health issues and services also impact local health departments to a significant degree, in both urban and rural settings.

While historical data are not available, it appears that with the development of public health infrastructure in Nebraska at the local department level, LHDs are realizing opportunities to collaborate with local schools to improve the lives of children, school personnel, and families.

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