

Lessons Learned



Improving School Success Through Quality School Health Services

The goals of the health services program are to:

- ensure access to primary health care (a medical home);
- provide a system for dealing with crisis medical situations;
- provide mandated screening and immunization monitoring; and
- provide a process for identification and resolution of students' health care needs that affect educational achievement.¹

Students with special health needs should be provided an individual health care plan based on an assessment of the student's health status and the health problem that may create a barrier to educational progress.¹



Healthy children learn better.

What is very clear is that for children education and health are entwined. A student who is not healthy, who suffers from an undetected vision or hearing deficit, or who is hungry will not profit optimally from the educational process.²

Sick and injured students are absent more often.

- In a classroom of 30, probably 3 have asthma; altogether, there are 14 million school days / year lost to asthma.³
- Tooth decay is the single most common chronic childhood disease – five times more common than asthma.⁴ A toothache is associated with sleep deprivation, depression, loss of self-image and anxiety.⁵
- Over the last thirty years, forearm fractures have increased 42 percent.⁶
- Serious emotional disturbances affect 1 in 10 young people; and two thirds of these individuals are not receiving needed care.⁷
- Fifty eight percent of students with chronic conditions routinely miss school, and 10% miss more than 25% of the year.^{8,9}



Students with chronic illness experience more academic difficulty.¹⁰

45% of students with chronic illness report being behind in schoolwork.⁸ 35% of high school students labeled “other health impaired” report failing grades.¹¹ Students missing 30% of days within a grading period are more likely to fail.¹²

Interventions can reduce absenteeism by improving management of illness.

A school-based asthma intervention program noted a 17% decrease in rescue treatments for asthma after implementation of the program in five schools.¹³

Hand washing intervention four times per day with students reduced gastrointestinal and other illness by 50 percent.¹⁴ A study of hand washing with special needs students found reduced absences and a need for fewer medications.¹



References

1. Committee on School Health, American Academy of Pediatrics. The role of the school nurse in providing school health services policy statement. American Academy of Pediatrics. 2001;108(5) 1231-1232.
2. McGinnis JM. Health problems of children and youth: A challenge for schools. *Health Education Quarterly*. 1981;8(1)11-14.
3. CDC, *Asthma Fact Sheet: Addressing Asthma in Schools*, <http://www.cdc.gov/nccdphp/dash/asthma/facts.htm>, accessed, 11/14/2003.
4. US Dept. of Health and Human Services (HHS). *Oral Health in America: A Report of the Surgeon General*. Rockville, MD:HHS, National Institutes of Health. National Institute of Dental and Craniofacial Research, 2000.
5. *Oral Health and Learning*, 2001, National Center for Education in Maternal and Child Health (MCU-119301).
6. Dr. Sundeep Khosia, Mayo Clinic National Institute of Aging, *More Young Bones Breaking*, Seattle Post-Intelligencer, September 17,2003.
7. US Department of Health and Human Services. (1999). *Mental Health: A report of the Surgeon General*. Rockville, MD: US Department of Health and Human Services.
8. Lynch EW, Lewis RB, Murphy DS. Educational services for children with chronic illnesses: Perspectives of educators and families. *Exceptional Children*. 1999;59:210-220.
9. Sexson S, Madan-Swain A. School re-entry for the child with chronic illness. *Journal Learning Disabilities* 1993;26:115-125,137.
10. KM Thies. Identifying the educational implications of chronic illness in school children. *Journal of School Health*. 1999;69 (10), 392-397.



11. Valdes K, Williamson C, Wanger M. The national longitudinal transition study (NLTS) of special education students. *Statistical Almanac Volume 9: Youth Categorized as Other Health Impaired*. Washington, DC. US Department of Education: 1990.
12. Dworkin PH. School failure. *Pediatric Review*. 1989;88(4):610-617.
13. Jamson Lwebuga-Mukasa and Elisha Dunn-Georgiou. A school-based asthma intervention program in the Buffalo, New York schools. *Journal of School Health*, 2002;72(1):27-32.
14. Master D, Longe SH, Dickson H. Scheduled handwashing in an elementary school population. *Family Medicine*. 1997;29(5): 336-339.
15. Monsma M, Day R, St. Arnaud S. Hand washing makes a difference. *Journal of School Health*. 1992;62(3):109-111.
16. US Department of Health and Human Services. *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*. Washington, DC .1991 US Department of Health and Human Services, Public Health Service. DHHS Publication No. (PHS)91-50212.- HIA.
17. Klein JD and McCord, MT. *Evaluation of the Gillespie Student Health Project Greensboro, North Carolina*. Evaluation and Technical Assistance Report to the Robert Wood Johnson School-Based Adolescent Health Care Program, April 4, 1992.
18. US General Accounting Office. *School-Linked Human Services. A Comprehensive Strategy for Aiding Students At Risk for School Failure*. GAO/HRD-94-21, Washington DC. US General Accounting Office, 1993.
19. McCord, MD, Et al . School-based clinic use and school performance. *Journal of Adolescent Health*. 1993;14:91-98.



The Impact on Learning Of Selected Childhood Health Conditions ¹⁰

Condition	Disease Process or Treatment	Impact on Learning
Pulmonary conditions (e.g. asthma, cystic fibrosis)	Oral steroids	Depressed mood, anxiety, difficulty with memory;
	Long use of steroids	Impaired sight, cataracts;
	Albuterol	Impaired hearing;
	Poor oxygen perfusion	Impaired attention, "wired" feelings; Fatigue confusion
Diabetes	Chronic hypoglycemia (low blood sugar)	Impaired planning tasks, difficulty attending to detail, slower response time;
	Acute hypoglycemia	Fatigue, confusion;
	Chronic hyperglycemia (high blood sugar)	Impaired spatial abilities, eye damage.
Other chronic diseases (Arthritis, Chron's disease, CF)	Oral steroids (Prednisone)	Depressed mood, anxiety, difficulty
	Long term use of steroids	Impaired sight, cataracts.
Arthritis	Pain/pain medication	Impaired concentration.
	Swollen, stiff joints	Difficulties with fine motor tasks, difficulty walking to class, sitting/standing.
Sickle Cell Anemia	Low hemoglobin, poor oxygen diffusion	Fatigue, impaired concentration, neuro-psychological deficits.

Health services can conveniently provide preventive services such as dental, vision, hearing, scoliosis and BMI screenings.

Preventive health services and health counseling can help curb health care costs as well as reduce absenteeism.¹⁶ Some school-based clinics providing primary health services in conjunction with other important services such as academic tutoring, home visits, case management have noted reduced absenteeism,¹⁷ reduced drop-out rates,¹⁷⁻¹⁹ reduced behavioral problems,²⁰ improved students' grade point average^{17,18,20} and higher graduation rates.¹⁷⁻¹⁹



For more information contact:



1655 Tullie Circle, NE
Atlanta, GA 30329
Phone: (404)785-7251
Fax: (404)785-7259

www.healthmpowers.org

For information on school health services see:

- www.nasn.org/briefs/briefs.htm
- www.nasn.org/positions/positions.html
- www.healthinschools.org