

SCHOOL-BASED HEALTH CARE IN ESEA REAUTHORIZATION

The Committee on Education and Labor

Submitted for the Record

March 26, 2010

As the Committee starts to move forward on reforming the Elementary and Secondary Education Act (ESEA), the National Assembly on School-Based Health Care, urges the Committee to recognize the contribution of school-based health centers to increasing children's access to high quality health care, necessary to ensure the nation's youth are healthy and able to succeed in the classroom.

Overview

The National Assembly on School-Based Health Care (NASBHC) was encouraged by the Obama Administration's expressed commitment to rethinking the concept of schools as outlined in Secretary Arne Duncan's statement:

*"It never made sense to me that poor children should be expected to learn just as readily as other students when they couldn't see the blackboard, or their mouths ached from untreated cavities and gum disease." In the same speech, Duncan went on to say, "I believe, and President Obama believes, that it is time to begin reimagining our basic concept of school."*ⁱ

Schools are not only a place for academics, but as a place where children can receive medical treatment, where they can learn to make positive health choices through instruction on topics such as food and fitness, and where they can be given tools to increase their emotional and social well-being.

As you know, students learn better when they are healthy. School-based health centers (SBHCs) provide access to comprehensive, quality health care services for children and teens who would otherwise go without medical attention by bringing the doctor's office to the school. They are a crucial part of our nation's health care safety net. Common characteristics of school-based health centers include:

- They are located in or near a school facility and open during school hours
- They are organized through school, community, and health provider relationships
- They are staffed by qualified health care professionals
- They are focused on the prevention, early identification, and treatment of medical and behavioral concerns that can interfere with a student's learning.

Although direct links between SBHCs and student test scores/grades can be difficult to capture due to limited evaluation resources, difficulty with study design (student turnover, randomization challenge, etc.) and privacy restrictions,ⁱⁱ we know that SBHCs deliver results that matter to schools, including reducing absenteeism, tardiness, dropouts, and discipline referrals. We also know that SBHCs help keep children demonstrably healthier, for example, by reducing hospitalizations – and thereby increasing school attendance – among inner-city school children who suffer from asthma.ⁱⁱⁱ

The following table outlines the benefits of SBHCs to schools and educational systems:

SBHC Service or Program		Benefit to School/Educational System
Services for Students	Identify students at risk for health and behavioral problems...	To reduce obstacles to the learning process
	Assist in IEP development...	To ensure health factors are considered and addressed
	Immunize students...	To ensure the school meets governmental requirements, to minimize school-wide outbreaks, and to reduce absenteeism (absences often translate into lost finances for schools)
	Administer medication to students with chronic illness...	To reduce absences, as well as disciplinary action for students with behavioral health problems
	Provide mental health services...	To help students concentrate in school and maintain healthy relationships with peers, teachers, and family
	Provide preventive health services...	To improve student health and prevent or minimize future health and mental health problems
	Provide on-site management of acute health conditions...	To improve attendance and student health
	Refer students to services not provided at the SBHC...	To address the full spectrum of health issues that can function as barriers to learning and to case manage students receiving services elsewhere
	Conduct sports physicals...	To increase student participation in activities that connect them to the school and improve their physical, cognitive, and social well-being in a safe environment
	Encourage student participation and involvement in SBHC activities...	To increase student connection with their school
	Enroll students in health insurance...	To help generate funds not only for SBHC services but also for other school services
	Provide opportunities for leadership and involvement in peer programs...	To help students develop leadership and problem solving skills and improve the overall school climate
	Employ staff that can serve as mentors and role models...	To encourage students to stay in school and pursue their interest in health-oriented careers
	Provide individual, group, and classroom health education consistent with the school curricular goals...	To provide students with instruction on topics that teachers may not feel comfortable or qualified to teach (i.e. pubertal development/sex education)

Services for the School Community	Offer selected health services to school staff (flue shots, screenings, etc)...	To minimize teacher absence due to illness or visits to their health care provider
	Support teachers concerned about students physical or mental health...	To allow teachers to focus on teaching
	Support principals by addressing health needs of specific high-risk populations...	To allow students to be more successful in schools
	Participate in community initiatives on public health issues such as obesity and emergency planning...	To improve school compliance with local, state, and federal regulations and provide a safe school environment
	Coordinate with other school and community service providers...	To ensure that school staff can address the health and well-being of students in a coordinated and efficient manner
	Encourage parental involvement...	To increase family participation in school and educationally oriented activities

ESEA Reauthorization Considerations

Based on the value SBHC services and programs add to schools and educational systems, NASBHC encourages the Committee to consider the following in ESEA reauthorization:

- SBHCs have historically delivered supportive services to vulnerable populations of children and youth served under Title 1. We urge the committee to include SBHCs as eligible entities for grants and other funding in order to provide services (e.g. counseling, care for chronic illnesses, immunizations) that help low-income children overcome barriers that may impede their academic success.
- Community schools successfully provide a wide range of supports to communities, taking advantage of the physical resources of the school building to provide access to academic enrichment activities, youth development programs, adult education, social services, and health care. Community schools help children and youth meet with academic success and SBHCs are integral components and provide a foundation for many community school programs. We urge the committee to build on the current Title 1 recognition of community schools by explicitly defining and authorizing community schools as a strategy under Title I, as well as, broadening the focus beyond health, social, and nutrition to include an array of other supports and opportunities including after school enrichment, college preparation, and mentoring. We also support the authorization of funds to support community school coordinators as a strategy to leverage and integrate robust community resources to better support students.
- Supplemental Education Services (SES), as presently designed, is too narrowly focused and does not give LEAs the flexibility to respond to the varied needs of students and their families in low performing schools. We urge Congress to broaden the definition of SES to include comprehensive supports for students and families, extended learning opportunity, and more intensive parent and community engagement.

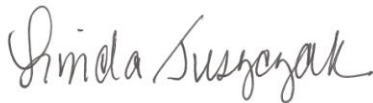
- Comprehensive sexual education is integral to the health and well-being of youth. We propose the inclusion of comprehensive sexual education as a core component of a broader health education program. Additionally, we urge Congress to allow local communities to decide on appropriate services that promote sexual health. We urge Congress to strike Sec. 9536 (4) of ESEA which prohibits the use of funds “to operate a program of contraceptive distribution in schools.” School-based health centers have had incredible success rates in improving the health and well-being of students. They provide a comprehensive range of health services to help students reduce risky behaviors. Local communities determine the make up of those services, which may include contraceptive access for young people who are sexually active. Instead of prohibiting the funding of contraception with federal funds, local bodies should be allowed to decide the best use of funds to improve the health of their students.

Conclusion

Educators know all too well that poor health has a direct and negative impact on students’ success in school and in life. We believe there is an important roll for SBHCs in education policy and the reauthorization of ESEA to maximize their contribution to improving educational outcomes.

Thank you for this opportunity to provide our input.

Sincerely,



Linda Juszczak, DNSc, MPH, CPNP, RN

Executive Director

ⁱ Speech viewed at: <http://www.ed.gov/news/speeches/2009/11/11102009.html> on November 30, 2009.

ⁱⁱ Geierstanger SP, Amaral G. School-Based Health Centers and Academic Performance: What is the Intersection? April 2004 Meeting Proceedings. White Paper. Washington, DC: National Assembly on School-Based Health Care; 2005.

ⁱⁱⁱ Webber MP, Carpiniello KE, Oruwariye T, Yungtai L, Burton WB, and Appel DK. Burden of asthma in elementary school children: Do SBHCs make a difference? Arch Pediatr Adolesc Med. 2003; 157: 125-129.