



THINKING OUTSIDE the BOX:

Building and Sustaining School Health Programs in State Health Agencies without Dedicated Funding

In the last few years, there has been an increased focus on the importance and role of health in schools as issues such as the rise in childhood obesity, asthma and bullying in the school environment have taken center stage. The three statements below sum up what researchers and public health practitioners enthusiastically affirm:

Healthy children learn better.

Health and academic achievement are inextricably intertwined.

Schools need to be a national focal point for obesity prevention.¹

One of the greatest challenges to state health and education agencies is how to successfully turn these statements into practice.

School health is unique from many other public health programs in that the success of a program depends greatly on the commitment of and collaborative work with an entirely different sector – education. It is also unique because it is intrinsically broad and encompasses many different public health programs that have their own funding and priorities, including asthma, adolescent health, child nutrition, health promotion, HIV/AIDS, injury and violence prevention, and obesity prevention, to name a few. Finally, and perhaps most importantly, school health is unique because school health programs at state health agencies frequently do not have dedicated funding support from the state level, and federal support is limited to those states that have cooperative agreements from the Centers for Disease Control and Prevention (CDC) to support coordinated school health, HIV, STD and Pregnancy Prevention, or the Youth Risk Behavior Survey (YRBS).

¹ Institute of Medicine (2012). *Accelerating Progress in Obesity Prevention*. Washington, DC.



This scenario – the knowledge that healthy students are essential both for strengthening academic achievement and for producing healthy adults, paired with the realities that 1) dedicated state and federal funding and support for school health programs is often minimal, and 2) the education system often does not embrace health as a core function – is a tremendous challenge to state health agencies. But where challenges exist, so does the opportunity for innovation.

The following two case studies highlight the work and accomplishments of two states, Nebraska and Vermont, that have successfully built a school health program within the state health agency without dedicated school health funding from either the state or federal levels (in the case of the federal level, neither state is currently funded for coordinated school health but does receive other funds from CDC). Both states have used “out of the box” approaches, leveraging other funding streams and partnerships, and collaborating with the state education agency to build a strong school health initiative. In doing so, they have demonstrated that sustaining school health programs within the state health agency *is* feasible, even without dedicated funding. Each state’s approach to the challenge of how to fund and operationalize the initiatives is unique, offering valuable ideas to other states facing similar situations.

Vermont

The Vermont Department of Health (VDH) has been involved in various health initiatives focused on the school environment for many years. In 2008, VDH began to focus on strengthening and coordinating those efforts to build a strong school health program and infrastructure within the state.

Previous to 2008, VDH and the Vermont Department of Education (VDOE) received funding from the Centers for Disease Control and Prevention (CDC) for coordinated school health (CSH). When the CDC funding for CSH came to an end, there was a significant gap left at both agencies in the area of school health. At this point, key staff in the VDH Division of Maternal and Child Health, (where the Department’s school health efforts reside) made a strategic decision to assume the leadership of the school health initiatives within the state, a move supported by the Department of Education.

Although there was no dedicated funding to support a school health program within the state health agency, there were multiple programs already underway that were working to address health concerns in the school environment. Quite a few of these initiatives had been in existence for many years, but were siloed and lacked a coordinated approach. Staff in the Division Maternal and Child Health began to work on identifying gaps and opportunities in existing school-related programs, and to plan for how programs could be better leveraged and strengthened going forward.



Leveraging Opportunities for Schools within Medicaid

Vermont is unique from many other states in that school nurses play a key role in the life of each and every school. Vermont has the lowest ratio of students to nurses in the United States, due to a State Board of Education requirement that the nurse to student ratio not exceed 1:500, and that each school with less than 500 students must employ a nurse in a ratio proportionate to the number of students to 500. In an era of tight budgets and dwindling resources, maintaining such a ratio would seem unattainable. However, VDH has leveraged resources in a unique way to ensure that the school nurses are able to continue to be present in each school, and that their knowledge, expertise and direct connection with students are utilized to strengthen and expand the reach of coordinated school health.

Approximately twenty years ago, VDH identified an untapped opportunity for schools within the Medicaid system. Medicaid allows states to contract with schools for certain eligible costs, including health administrative services delivered to Medicaid-eligible children and outreach for enrollment purposes, known as Medicaid Administrative Claiming. Vermont focused on the administrative reimbursement available for enrollment purposes (not medical services) and created a system where the school districts could get reimbursed for a portion of the school nurse's salary according to the number of students they enrolled in Medicaid each year. Key to maximizing this was ensuring that relevant student data was available to school nurses.

In the late 90s, VDH established a health-focused data collection system for the schools which school nurses administered. The School Nurse Reporting System (SNRS) initially focused on collecting immunization data via paper report. In 2005, VDH was able to move the SNRS online by leveraging a newly developed web-based Medicaid Administrative Claiming tool for schools. This move made it easier to expand SNRS to collect other student health data. Seeing an opportunity, staff from the Division of Maternal and Child Health worked with VDOE and others to incorporate health information into the Student Emergency Information Cards that every student is required to fill out at the beginning of each year, including: 1) dates of recent immunizations, 2) insurance status (insured or not?), 3) name of their primary care physician and dentist, 4) date of last well exam and dental hygiene exam, 5) if they have asthma and an asthma action plan. In 2008 the SRNS was expanded to include these data points, with school nurses entering data into the system. Using this data, school nurses are able to identify students who do not have a medical or dental home and/or have not been to the doctor or dentist in the past year, which in many cases, are students who qualify for Medicaid. Upon helping them to enroll in Medicaid and assisting them to get into a



medical home, they are eligible for reimbursement for those services through the Medicaid Administrative Claiming system.

VDH has leveraged this system to contract with school districts around student enrollment in Medicaid, using the funds to help support the salary of the school nurses. The school districts bill VDH for the administrative time provided by the school nurses, with the percentage of the school nurses' salary and benefits based on the percentage of students at the school enrolled in Medicaid. VDH receives approximately \$3 million each year from the Medicaid Administrative Claiming reimbursement, of which approximately 85% goes directly back to the school districts and 15% is kept by VDH to maintain and update the data collection system and to partially support a state school nurse consultant. The system has been a win-win for both public health and education, helping to ensure a continued low student-to-nurse ratio despite dwindling budgets, providing important trackable data on the health of students, and boosting the number of students with a medical home.

VDH supports the work of the school nurses in a few key ways. The State School Nurse Consultant oversees all of the school nursing activities across the state. While this position was previously in the Department of Education, VDH requested that it be moved to the state health agency in 2009, with the belief that activities could be better integrated with other public health initiatives. With this move, VDH oversees all of the trainings for new school nurse consultants at the district level. Each district health office has a school nurse liaison, whose expectation it is to work with and train nurses in the local schools, including in Medicaid Administrative Claiming, SNRS data collection and entry, and public health issues in general.

VDH has also provided ongoing training to ensure that the district-level school nurse liaisons are well-versed in the coordinated school health model and School Health Index (SHI), and are able to assist school-level nurses and administrative staff with implementation of SHI and creation of a coordinated school health team. VDH sees these functions as foundational to the work of the district-level school nurse liaisons. In addition, VDH is working with the school nurse liaisons and the school districts to identify a school nurse leader in each district who can serve to coordinate building-level nursing staff, making it easier to identify students with high needs and ensure that they are in schools where a nurse is available full-time.

Increasing Access to Dental Care for Students

The Vermont Department of Health, through a partnership between the Office of Oral Health (within the Division of Health Promotion and Disease Prevention) and Maternal and Child Health, has leveraged the data available in the School Nurse Reporting System to expand access to dental care for Medicaid-eligible students. The Tooth Tutor Dental Access Program was developed for schools in 1997 with the main goal of linking every child to a dental home. The recent expansion of the SNRS system to include dental-related data from the Student Emergency Information Card made it easier for school nurses to identify students who do not have a dental home and have not had a recent dental hygiene exam, and are either



on Medicaid or Medicaid-eligible. VDH is able to leverage some of the same Medicaid Administrative Claim reimbursement, along with funding from private grants and foundations, to contract with part-time dental hygienists (the Tooth Tutors) that work with participating schools to teach children the value of dental care to total health. The hygienists work closely with the school nurse and teachers to identify children without a dental home, and then work with community dentists and families to provide a dental home.

The dental program is now in over a third of all Vermont schools in the state and recent data indicates that 93% of students in the Tooth Tutor schools have a dental home. The success of the program is based largely on relationships – the relationship between the hygienist, the school nurse and the student’s family, and in many cases the relationship of the hygienist with the dentist’s office he or she works in. Because of these relationships, dentists are more willing to take Medicaid-eligible students, and no-show rates are reduced.

Partnering with Education to Increase Well Exams for Middle and High School Students

Data from the SNRS highlighted a major challenge for middle and high school students – upon entry into middle school, there was a huge drop in the rate of students that reported having a medical home or having a recent check-up. While annual check-ups are common through the elementary years, they become less common as students get older. Staff from VDH’s Division of Maternal and Child Health saw an opportunity to easily increase the percentage of students who have had a recent physical by broadening the sports clearance form required for participation in high school athletics to a universal sports physical, basing the content on the type of comprehensive exam experts say is necessary at this stage.

Staff from VDH worked with leadership from local chapters of the American Academy of Pediatrics and American Academy of Family Practitioners, the Vermont Superintendents Association, Vermont Principals Association, Vermont State School Nurse Association, and the Vermont Child Health and Improvement Program at the University of Vermont to design a comprehensive sports physical form. Previously, there was no consistency for pre-participation clearance, as each school district determined what was on the form. In most cases, all that was required was a signed clearance from a licensed medical practitioner. The [Well Exam – Sports Participation Clearance Form](#) is based on research and best practice, requiring a comprehensive physical, developmental screen (including alcohol and drugs), and age-appropriate wellness education conducted by a doctor or nurse practitioner.



Well exams allow health care providers the opportunity to ensure not only that student is fit to play, but also to identify, diagnose, and treat any medical problems that may otherwise be overlooked. The new form was finalized in 2009, and although voluntary, has been widely adopted by school districts. The feedback from schools and parents alike has been very positive, and the percentage of middle and high school students reporting having a medical home and recent well exam in the School Nurse Report System has increased significantly. In the first year there was a 5% increase in high school seniors accessing a medical home. All of this has been achieved with minimal to no cost to VDH, schools or families.

School-Level Wellness Awards

When VDH assumed the leadership of state-level school health activities in 2008, staff in Maternal and Child Health began to strategize about how to increase the number of schools adopting healthy policies and practices. VDH collaborated with the DOE and the Vermont Education Health Initiative to create the Vermont Fit and Healthy School Wellness Awards. The competitive awards are given at the elementary, middle and high school level, in the Gold, Silver, Bronze and Most Improved categories. The award is designed to recognize schools that have a coordinated school health team, have conducted the School Health Index, and have made significant progress to strengthen policy and practices in the area of staff wellness, nutrition, wellness policies, and physical education and physical activity. The awards range from \$3,000 for Gold to \$1,000 for Bronze, and \$5,000 for most improved at each level – elementary, middle and high school. After working with lower award amounts for the first few years, VDH intentionally raised the award amounts so that it created more of an incentive for the districts and schools. VDH also gives recognition-level awards to schools of merit, providing them with a banner.



The funding sources for the awards have been different each year as staff from the Division of Health Promotion and Disease Prevention and Maternal and Child Health have worked to creatively pool some of their own funding with others, including support from the VDH General Fund, CDC-funded projects and the Diabetes Program. While this “piecemeal” approach to funding has been challenging, soliciting the support of various programs has gotten easier with each year as the awards have become more well-known and increasingly competitive. The impact of the “carrot vs. stick” approach has been evident both in the sharp increase in number of schools applying and the feedback from local-level school nurses who attest to the environmental and policy changes taking place at the school level.



Looking Forward

Nearly five years after taking the leadership of state-level school health initiatives in Vermont, VDH has been seen significant growth and expansion of various initiatives, despite not having a dedicated school health budget or staff. Much of this can be attributed to the vision and determination of staff in Maternal and Child Health and Health Promotion and Disease Prevention to ensure that schools were consistently viewed as a critical partner for public health. VDH staff has truly championed the cause, leveraging systems to meet needs and ensuring that local-level staff is equipped with the knowledge not only to treat students' immediate health needs, but also to facilitate environmental and policy changes through coordinated school health programs. They have also worked with other programs and divisions in VDH to incorporate coordinated school health into existing programs. One example of this is the Our Voices Exposed (OVX) and Vermont Kids Against Tobacco (VKAT) tobacco prevention grant programs that specifically require the endorsement and involvement of the school's coordinated school health team. Moving forward, VDH plans to continue to elevate coordinated school health as a key policy strategy, with a strong focus on the role and importance of the school-level coordinated school health team. Between these efforts and the others highlighted above, VDH is working hard to ensure that all of Vermont's students are healthy and ready to learn.

Nebraska

In 2008, the Nebraska Department of Education (NDE) issued an invitation to the Nebraska Department of Health and Human Services (NDHHS) to partner with them in establishing a coordinated school health infrastructure within schools and communities. Although NDE had a full-time Coordinated School Health (CSH) Director that had been steadily working on various school health efforts for a few years, there had never been an active state-level agency collaboration around coordinated school health. NDE viewed NDHHS as a key strategic partner in its efforts to expand the reach of the coordinated school health across the state.

In 2008, upon the invitation from NDE, a team of three staff – two from NDHHS and one from NDE – attended a training sponsored by a collaborative effort between the National Association of Chronic Disease Directors, the Society of State Directors of Health, Physical Education and Recreation, and the Directors of Health Promotion and Education. The training, “Coordinated School Health: Achievement through Partnership” was designed to strengthen efforts of state health and education agencies to work together to advance the understanding and implementation of coordinated school health within their state. The training was pivotal to staff from NDHHS capturing the vision of coordinated school health and understanding the role that the health agency could play in implementing it throughout the state. With an action plan in hand, the team returned to Nebraska and began to work on building a school health initiative within NDHHS and NDE.



Launch of Institutes to Expand Coordinated School Health

NDHHS and NDE started by forming an Interagency Committee on Coordinated School Health (CSH), inviting NDHHS staff from physical activity and nutrition, school nursing, and life span health, and NDE staff from curriculum and instruction, nutrition services and HIV/AIDS prevention programs to discuss the action plan and identify first steps. The Interagency Committee on CSH recognized a need for additional training around coordinated school health, and funding to support it. NDE's Director of Nutrition Services approached USDA for permission to include coordinated school health in the Team Nutrition Grant. USDA granted permission and NDE received funding to support a series of "train the trainer" institutes for schools/school districts around coordinated school health.



In 2010, NDE contracted with an experienced trainer in CSH to conduct a week-long intensive, comprehensive Train the Trainer (TOT) training on coordinated school health for NDHHS and NDE staff. The training was modeled after a similar effort in Oregon, encompassing four separate institutes spanned over seven days. This allowed NDHHS and NDE to increase their capacity to conduct their own CSH institutes without relying on the expense of bringing in national trainers to conduct the institutes. The TOT training included intensive education, assessment, planning and team building around coordinated school health. The training had an overarching emphasis on the importance of policy for long-term sustainability, building a coordinated school health infrastructure, and the establishment of school building- and district-level wellness teams. Teams were equipped to focus on the process rather than individual programs, critically evaluate policies, utilize data and a needs assessment

(School Health Index) to produce an action plan, and use evidence-based strategies to implement the plan. The Coordinated School Health Institutes were organized as follows:

- **Institute One (2 days):** The Evidence Based Link Between Health and Learning, Process for CSH (School Approach, Community Approach), School Health Advisory Councils, Effective Practices, School Wellness Policies
- **Institute Two (1 day):** CDC School Health Index, Effective Practices
- **Institute Three (2 days):** Continued Action Planning, Policy Approaches, Effective Practices, Utilization of Data, CSH Reunion
- **Institute Four (2 days):** Marketing and Sustainability, Next Steps and Celebration

The Interagency Committee on CSH recruited districts for the first round of CSH Institutes through a Request for Application (RFA) that NDE distributed statewide. The RFA required districts to commit to sending a team of at least three people to all four institutes, including one community member. Four school districts and one school building attended the CSH pilot training in 2010. Each school district was



given \$6000 to cover travel stipends, substitute costs and action-plan related costs. The funding for the pilot trainings came from support from the Team Nutrition Program and the Curriculum and Instruction Division in NDE, along with the Nutrition and Activity for Health (NAFH) Program (which received funding from the CDC Division of Nutrition, Physical Activity and Obesity) and the Tobacco Free Nebraska Program in NDHHS. Because of the funding streams, the 2010 institutes focused primarily on strengthening nutrition, physical activity and tobacco prevention in the school environment.

The 2010 trainings were tremendously successful, and as a result, NDHHS and NDE continued with a second round of training in 2011, expanding to 6 new school districts, 1 school building and 1 educational service unit. The Curriculum and Instruction Division and Team Nutrition in NDE continued to provide financial support, although in a more limited capacity. Having heard of the successes of the pilot year, Tobacco Free Nebraska increased its funding and other programs stepped in to fill the gap, including NDE's HIV Prevention program and NAFH in DHHS. This allowed NDHHS and NDE to provide each district with \$2,500 to \$4,000 to cover the costs of travel and substitute expenses. The diversity of funding also allowed the institutes to address a broader range of school health topics, including worksite wellness, HIV prevention, bullying and tobacco prevention.

The impact of the 2010 and 2011 trainings on the school districts was powerful. Each district made enormous strides towards implementing a coordinated school health infrastructure and strengthening the health environment and health policies in their school/school district. School districts created school health advisory councils, implemented new policies around bullying, tobacco, physical activity breaks in the classroom, recess before lunch, and competitive foods, to name a few. Some districts implemented new physical education and health education requirements, conducted health screenings for staff, implemented daily recess and utilized the HECAT to align the health education curriculum to national and state standards. Over 100 specific outcomes, many of them policy-related, were documented from the 2010 trainings alone. In addition, in many cases, the CSH Institutes were the beginning of a fruitful relationship between NDHHS, NDE and the school district, opening the doors for staff from both agencies to provide professional development, presentations and assistance to the districts on topics such as the integration of physical activity into the classroom, sexual health education and HIV prevention, and tobacco use prevention.

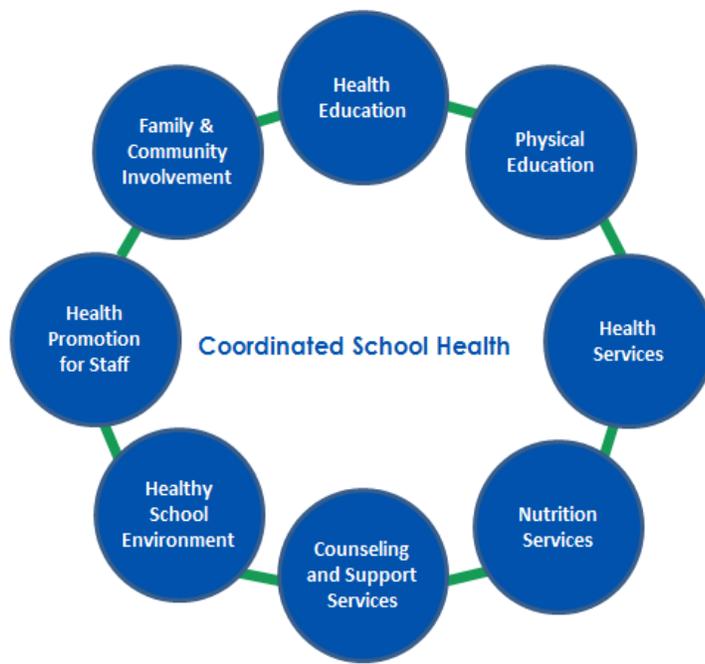
Focusing on Coordinated School Health as a Key Public Health Strategy

At the same time that NDHHS and NDE staff were working to expand coordinated school health statewide through intensive training, they were simultaneously working to elevate coordinated school health as an important public health strategy. This work involved a wide range of activities, including:

- **Establishment of a Statewide Partnership Workgroup for Coordinated School Health** - This Workgroup was formed jointly by NDHHS and NDE in 2010 and consisted of approximately 40 representatives including staff from both agencies, representatives from key non-profits and community foundations, state school board members, legislators, superintendents, and teachers.



- **Educating and Advocating for Coordinated School Health Internally within the Health Agency** – Staff involved with the CSH Institutes seized every opportunity to share their vision of coordinated school health and advocate for its use as a public health strategy. The NDHHS Office of Community Health and Performance Management embraced coordinated school health as a strategy, which led to it being incorporated into the Nebraska Public Health Strategic Plan and Nebraska Healthy Communities Grants. Funding for these grants is pooled from multiple programs in NDHHS that relate to health promotion and chronic disease and injury prevention. Grants are given to local health departments to implement, with the local health department choosing an evidence-based objective from various state plans. In the most recent round of funding, two local health departments identified the expansion of coordinated school health as one of their objectives.



- **Educating and Advocating for Coordinated School Health Internally within the Education Agency** – Staff involved with the CSH Institutes seized every opportunity to share their vision of coordinated school health and advocate for its use as a policy strategy to enhance academic achievement while also addressing the health needs of children and families. NDE staff provided and continues to provide professional development on CSH statewide to numerous school districts, community based organizations, and school administrators at their annual conference. NDE has also collaborated with district health departments to conduct trainings in their respective regions and has provided individual one-on-one TA to district health departments on CSH.
- **Advocating for Coordinated School Health as a Policy Strategy** – The CSH Institute pilot schools, the Statewide Partnership Workgroup for CSH, and advocacy efforts by NDE staff were key in helping the State Board of Education understand and embrace the importance of coordinated school health as a policy strategy. As a result, the Board adopted a policy in 2010 that encourages each district to adopt and implement a coordinated school health plan, establish a school health council, and designate a school health coordinator to assist with implementing and evaluating the plan. In addition, staff from NDHHS worked with the Advisory Group of the Nebraska State Physical Activity and Nutrition State Plan to explore how coordinated school health could be incorporated. As a result, the [Nebraska Physical Activity and Nutrition State Plan](#)



[2011-16](#) identifies the implementation of CSH as an activity key to strengthening policies for physical activity in the school environment. NDE's Coordinated School Health Director was a member of NDHHS's Stakeholders Group for creating the Nebraska Public Health Strategic Plan. As a result, CSH was included as a change agent and environmental and policy enhancing strategy in [A Strategic Plan to Strengthen and Transform Public Health in Nebraska: A Revision](#).

Moving Forward

By working together and with internal and external partners, NDHHS and NDE has made major strides towards strengthening coordinated school health, all on a shoestring budget and with no dedicated funding from NDHHS and only minimal dedicated funding from NDE. Moving forward, NDHHS and NDE have plans to continue the CSH Institutes in 2012-13 by linking into one large local health department that chose to work on CSH with their Nebraska Healthy Communities Grant. The local health department will use the funds to bring teams from five local schools to the CSH Institutes located in their community. Team Nutrition and NDE is providing additional funding that will allow up to 4 additional districts to travel to attend the training. The integration of CSH into the Nebraska Healthy Communities Grant program has been key to sustaining the CSH Institutes into 2012-13. There is hope that the Nebraska Healthy Communities Grants will facilitate similar opportunities in the future.

NDHHS and NDE plan to continue to work with the Interagency Committee on School Health and the Statewide Partnership Workgroup for Coordinated School Health to continue to focus on elevating CSH as an important policy strategy, both for education and public health agencies, but also other child-focused organizations. By sharing the vision of CSH beyond the state agencies' walls, NDHHS and NDE have expanded the reach of CSH into community partners such as the Nebraska Children and Families Foundation and Building Bright Futures. As a result of their involvement in the Statewide Partnership Workgroup, Nebraska Children and Families Foundation adopted CSH as a strategy in their own grant making process and Building Bright Futures adopted CSH as a strategy in the development of their school-based health centers. The CSH champions in both NDHHS and NDE are committed to working hard to ensure that the momentum that has been built around school health in the last few years continues, and that successes achieved in the CSH Institutes, with community partners and with key public health and education policies and strategies are the first building blocks for a strong statewide CSH infrastructure going forward.

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