

**Health Services: The CT WSCC Partnership On-Demand Webinar Series Transcript**

Welcome to the health services on-demand webinar. There are 10 webinars in this series, each corresponding with one domain of the Whole School, Whole Community, Whole Child model. This webinar will focus on the health services domain.

Each webinar will begin with an overview of the WSCC model and an introduction to our practice briefs before a deep dive into the WSCC domain of focus.

The CT WSCC Partnership is a joint collaboration between the University of Connecticut’s Collaboratory on School and Child Health and the Rudd Center for Food Policy and Health. Before we begin, we want to acknowledge our funding partners and share that the content of this webinar does not necessarily reflect the official views of the CDC or the Department of Health and Human Services.

Our practice briefs draw on the Whole School, Whole Community, Whole Child Model, which is the CDC and ASCD’s framework for addressing health in schools. The model is student-centered and stresses the need to coordinate policy, processes, and practice across ten domains of student health and well-being to maximize student success. As can be seen in the outmost ring, the model is situated within the community and emphasizes drawing upon community context and expertise to use the model in contextually-aligned ways. The model is not a prescriptive program. Instead, it is a framework for organizing a school or district’s efforts to support the whole child, facilitate high-quality teaching, and maximize student learning and success.

Today's content comes from our WSCC Practice Brief series. These are freely available on our website at ctwscc.org. If you'd like to learn more about how these briefs were developed and our CDC-funded project, please watch our "Intro to the WSCC Webinar Series" video.

What are health services?

Health services in schools vary, there’s a school nurse who looks at the student’s care, looks at what the mandates are for a student to access a school system and different requirements whether they be vaccine requirements and or just the care, the health care of the student, and needs of the student, and medical needs, and making those accommodations. In East Hartford Public Schools we have nine school-based health centers and that provides an additional layer of health care. Our school-based health centers are comprehensive, providing primary care and behavioral health to treat the whole child and so a lot of time the collaboration in many schools in East Hartford where the school nurse does the triaging for students and we have advanced practice nurse practitioners who can diagnose, prevent, treat, the students. And a lot of times the students, we are the access to health care so we can provide physicals and work with the school nurses. We can provide sports physicals, sick visits, we can also provide immunizations in real time, to help get those students in the classrooms and make our students healthier learners.

The School Health Services Model developed by the CDC describes four key components of school-based health services. The first component is acute and emergency care. Unexpected emergencies can occur at any time throughout the school day, so schools need to have staff available who are trained and prepared. The second component of school health services is care coordination, which involves the organization of student care by sharing information and maintaining communication between all individuals concerned with student needs. The third component is management of chronic health conditions. Federal and state regulations mandate that schools provide services and accommodations for students with chronic health conditions. The fourth component is family engagement in school health services, which promotes family awareness of available health services that may benefit students.

So, why are health services relevant to child outcomes? Let’s hear what one of our community partners has to say about this WSCC domain.

So schools should be providing health services for their students and one thing is because it impacts their education, it impacts their academic performance. One thing I tell nurses, school nurses, is our job is to keep kids in class for their instruction. That’s our main job, healthy, safe and in class. It is important for the child in schools, well the schools to provide healthcare services because a lot of times students learn best when they are healthy so a lot of times some of the kids have barriers to care, barriers in access to healthcare services so by providing some of those services we have eyes on the student, we can identify a potential risk and mitigate it.

Now that we know the why behind health services, let’s look at some evidence-based strategies that you can use in your practice.

We’ve organized the strategies by the required resource demand to help schools choose appropriate initiatives for their setting.

We begin with strategies that require a low resource demand. The first recommendation is to use the health services assessment tool for schools. This free evaluation tool was developed by leading school health organizations and experts in the field and has been tested by over 50 school districts. Schools can use this tool to help reach the gold standard for comprehensive school health by assessing the quality of services, resources available to support those services, and strength of policies and practices.

Another low resource demand strategy is to share health information resources with students and families. Schools can distribute health information with pamphlets, newspapers, flyers, and posters in the school building or email. Potential topics include vaccination programs, school-based screening, and allergy management. Materials should be tailored to student backgrounds and interests, along with school core values.

Next, we move into moderate resource demand strategies. The first recommendation is to assess and plan for chronic health condition management. Approximately 25% of children in the US have a chronic health condition such as asthma, diabetes, and epilepsy. In addition, 4-6% of children in the US are affected by food allergies, which have become the most common cause of serious and life-threatening allergic reactions in community health settings. Schools can educate students about their medications, develop management and response plans, train appropriate staff on emergency care procedures, and specify create Individualized Health Care Plans. Additionally, we know that students with chronic health conditions are at greater risk for prolonged absences. Implementing school reentry programs can help to educate peers and teachers about unfamiliar illnesses or injuries, prepare the family, school, and health care system for a partnership, and promote a successful return to school.

A second moderate resource strategy is to develop relationships with a diverse group of community partners that can provide health services. These partners may include community healthcare providers, local governments, non-profit organizations, and colleges or universities. When schools, families, and communities form partnerships, schools are better able to provide health services tailored to the unique needs of the school community. For example, school nurses can serve as key team members in creating partnerships with community health organizations to coordinate responding to a public health crisis.

Next, we transition to the most resource-intensive strategies. Schools can provide behavioral health training for school health service providers. Because of their frequent access to students, school health providers are ideal candidates to identify student social, emotional, or behavioral concerns. School health service providers can be trained to identify students exhibiting social, emotional, or behavioral concerns by using data-based decision making, such as tracking the number of visits students make to the nurse’s office for psychosomatic complaints, such as stomachaches or headaches.

Our second high-resource strategy is to implement multicomponent school-based prevention programs. Multicomponent school-based interventions can promote student health and reduce risk behavior, particularly when students are involved in planning these efforts. These interventions should include multiple strategies to promote health, including school policy changes, family involvement, and relationships with the local community.

School-based prevention programs should be tailored to student needs and interests, and offer opportunities for social support, telehealth, and family engagement.

Our third high-resource strategy is to develop a school-based health center, or SBHC.

School-based health centers are designed to increase student access to preventative and responsive healthcare services. School-based health centers have been shown to improve student educational and health outcomes, particularly when they offer a range of services and hours of operation extend beyond the school day. They can promote healthcare access by removing barriers such as transportation and cost.

If you are interested in learning about additional resources related to the health services domain of the WSCC model, please see the full health services WSCC practice brief.

This brief, among the others, can be found on the Tools page of our website: ctwscc.org. After clicking on our tools, scroll down to Best WSCC practices. Here you will find our practice briefs.

Thank you for joining us! We hope you enjoyed today’s webinar. To view the other webinars in our WSCC on-demand webinar series, please visit our website at ctwscc.org. If you have any questions about the Connecticut WSCC Partnership, please feel free to contact us at ctwscc@uconn.edu.