



Partnering With Schools To Keep Kids Healthy and Support Learning

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Objectives

- Participants will gain an understanding of the school health system in Minnesota and ways to connect or partner with their local schools
- We will review examples of successful national and local partnerships that improve student health and education outcomes
- Participants will learn at least 3 ways to improve their partnerships with schools

Health and Education Outcomes Are Inextricably Tied!

- “...we can’t educate children who are not healthy and we can’t keep them healthy if they are not educated. There has to be a marriage between health and education.” – Dr. Joycelyn Elders, Former U.S. Surgeon General
- Life expectancy for people who have not graduated from high school is 10 years less than for those who complete a college degree
- People with less educational attainment are more likely to smoke, be overweight, have diabetes and die prematurely.
- Leading causes of absenteeism are asthma and unmet dental needs, by sixth grade chronic absenteeism is a leading indicator of whether or not a child will drop out of school

Three Pathways from Poor Health to High School Dropout

Three Pathways from Poor Health to High School Dropout

A. Disparities in healthcare can allow treatable disorders to negatively impact schooling



B. Childhood conditions can directly affect learning and behavior



C. Poor academic performance can increase adolescent risk behavior



Minnesota Schools

- Minnesota schools serve approximately 983, 566 students in 328 districts
- 15% qualify for special education services
- 8% are English Language Learners
- 28 % qualify for free or reduced price meals
- 30% are students of color
- Minnesota has one of the most significant black/white graduation rate gaps in the country

School Health Services In Minnesota

- Minnesota has a minimum definition for school health services, this results in high variability in access ([MN School Health Services Statute](#))
- At last count, the school nurse to student ratio was 1:1400
- Most schools do not have a full time nurse
- In a school of 500+ kids it is not uncommon to have more than 90 student visits a day
- Direct care, chronic condition management, adaptation development, public health, policy development, staff education, family support, prevention and wellness

- How many need to be enrolled in a district (pre-K through 21) before a district is required to have a Licensed School Nurse?
 - A) 250
 - B) 500
 - C) 1000
 - D) 1400

Answer:

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Robbinsdale TEAMS Project

- Recognizing the needs specific of the population
- True understanding of each other's systems and needs
- Implementing plan that meets a mutual needs
- Ongoing team meeting to assess and make adjustments as needed



Full Service Community Schools



- 13 Full Service Community School in Minnesota
- Seek to look comprehensively at the needs of students and use the school as a central hub to coordinate those resources
- [Myers-Wilkins School Together for Health Model in Duluth](#)

Transition Planning

- Minnesota Department of Health, Minnesota Department of Education and the Department of Human Services are working intensively with several Minnesota school districts to strengthen transition planning
- Transition planning is an essential part of the Individual Education Process (IEP)
- Health transitions include self management and self care skills, as well as navigating the health care system and finding age appropriate providers and specialists
- National Parent Center on Transition and Employment (NPCTE) just released a [Health & Transitions Website](#)
- Family Voices of Minnesota also has a [Healthcare Transitions Toolkit](#) that is a great resource to share with families

Check In

- At what age should districts start including transition planning in the IEP:
 - A) When the student starts middle school or turns 11, whichever comes first
 - B) When the student first enters special education
 - C) When the student is in 9th grade or turns 14, whichever comes first

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First Steps

- Communication is the single most frequently identified barrier in consistency and quality of care between schools and providers.
 - Who are the school providers you will work with most often? What is the best way to contact them?
 - To find the health care contact for a particular school district, go to the [Minnesota Department of Education District School Nurse list](#)
 - What forms does your agency use for medication or treatment orders, can you make them accessible to the district?
 - Or if your agency does not have preferred forms can you obtain school forms to have available for when treatments or medications are being ordered for school?
 - If there may be a need for ongoing communication, could you ask parents about a release of information?

First Steps (continued)

- Connections

- Are there ways to include schools as a part of your systems processes?
 - To learn more about the make up and needs in your district go to the [Minnesota Department of Education School Report Card website](#)
- Could school nurses be included in professional development opportunities you offer?
- Are there district committees or initiatives you could participate in our support?

- Bringing education and literacy into your setting

- Local resource pamphlets
- [AAP Literacy Toolkit](#) or [Reach Out and Read](#) programs
- Library card forms and Imagination Library forms

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- If a school nurse calls you with questions about a specific treatment or medication that has been ordered at school, you may talk to them about that specific treatment or medication without a release of information.
- True
- False

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- True
- False

- [Connection Between Health And Education Video](#)
- [Robbinsdale Teams Video](#)
- [Brief on Chronic Absenteeism and School Health Prepared by the National Collaborative on Education and Health March 2015](#)
- [Minnesota Guidelines for Medication Administration in Schools](#)
- [Joint Guidance on the Application of FERPA and HIPAA to Student Health Records](#)