

School Health Partnership Program Learning History

Organizations like ours try to learn from our experiences, both the successful and not so successful ones. This is a way of assessing our effectiveness and sharing information. It is an important process for the growth of any organization. In doing so, we have recorded some of our learning process around the concept of a “learning history.”

We went back to the source of the School Health Partnership – the people who created it, those who developed the concepts and formed the process, those who nurtured its growth. We tried to capture and convey the experience and insights of these people. The result of this new form of assessment, a Learning History, is put forth on the pages that follow. We believe that what we have learned will help you to develop and implement a successful School Health Partnership for your community or organization. We hope that this learning history will encourage you plant a seed of hope and watch it grow.

Memorial Health System staff members are more than happy to answer any questions you may have regarding this process. Please feel free to call us at (219)284-7115.

Phil Newbold
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Making a Place to Grow

Historically, schools have been trees of knowledge, institutions of learning where children take the nourishment of education and flourish. Yet, the fact that children are able to learn is built on the idea that they come with some preparation and some foundation. Pencils in hand, smiles on faces, hungry for knowledge (not breakfast), kids could file into class bright-eyed and ready to learn.

More and more however, schools are microcosms of their communities. Crime, teen pregnancy, cases of child abuse and neglect -- these are all far too widespread examples of some of the social challenges brought through the doors of the school house along with our most valuable asset -- children themselves. Their physical and mental health is an inescapable concern for every school system before the first textbook is even cracked. Schools that can't help their students meet both physical and mental needs are missing the forest for the trees.

“We know that in order for kids to be successful in school we've got to deal with all the other issues that may stop them from learning,” said Rosalind Ellison, Director of Student Services of the South Bend School Corporation. This attitude of willingness on the part of the schools, coupled with Memorial Hospital's interest, and community

enthusiasm, became the School Health Partnership Program's basis of growth. This initiative addresses the physical health of schoolchildren, one of the greatest prerequisites of learning.

To date the School Health Partnership Program has made it possible for three nurses to work full-time, each in their own elementary school. Previously, nurses were often spread thin at many different locations throughout the city and school corporation. School health fairs in partnership schools have been put on annually, and school health offices have been refurbished. More valuable is the engagement Memorial has been able to have with the schools through the SHP Program, a collaboration that paved the way to other joint efforts and greater understanding. Most importantly, children in the partnership schools have critical health services, education, and support that they have needed, and continue to need. This program grew through a number of efforts and circumstances.

The Roots of the Program

In 1994, Memorial was actively in the midst of identifying community needs as they related to the institution's role as a local partner. Mark Chambers, Memorial Health Foundation Vice President, said that as they researched possible community partnerships that would expand health awareness and benefits, school sites figured prominently as areas with potential. Coincidentally, the Hospital had already invested in a clinic next door to an inner-city elementary school, Studebaker.

"We began conversations with the folks at Studebaker and really began a school and community visioning process... where we involved faculty and some families and some community members in a process," said Mark, "Rather than focusing specifically on health we were trying to get them to give consideration to what they wanted their school and their neighborhood to be."

Even though the issue of medical health did not start the process, out of the more than fifty items this "visioning" group came up with in their recommendations for their community, many were linked to physical health and welfare. "One thing that came out real strong," said Rosalind, "was the need for more comprehensive health services."

"About the same time, a broader community-wide interest in school health was emerging," said Mark, due in large part to changes in how school health programs were funded. The changes effectively limited school nursing services, focusing them mostly on meeting state mandated screenings. Clearly students had other needs as well. School corporation staff sited a need for families to be connected to primary providers, the high absentee rate due to illness, a high family transience rate that sometimes made meeting medical needs difficult, and most often, the need for a consistent nurse presence in every school.

And so, a broader school health initiative began to develop, originating with the School Health Partnership committee, a group convened in 1994 by CONNECT, The Coalition

for Educational Success. CONNECT had also hosted two interactive forums that brought together representatives from education, healthcare, and other community leaders to discuss issues of health and schools.

The committee included local health providers and schools, both public and parochial. As a result of the committee's work, health providers were paired with schools, in the hopes that formal partnerships would pool resources and ideas, ultimately increasing each community's capacity to improve the health of its schoolchildren. School nursing became a focal point of this effort, because of the increased nursing services need and the community identified issue of health.

These developments affirmed to Memorial the need that existed for health to be addressed through schools. The formal partnership also provided an outlet for programming and support. Most importantly, the partnership brought together new resources and possibilities, increasing the benefits that local children could reap through programming.

"CONNECT's role in making sure there was still a viable school health program existing in the schools was an important one..." said Mark, "Memorial probably wouldn't have done anything differently in the South Bend School Corporation,...but the fact that CONNECT brought in the other school corporations, the other health care systems – I think on a county-wide basis there was greater benefit. The availability of resources for all the school corporations for the county were enhanced."

Memorial was partnered with South Bend and New Prairie schools. The New Prairie system was a five school corporation spanning kindergarten through high school, while South Bend was significantly larger. Prior to the SHP Program these schools had part-time school nurse coverage, with most nurses dividing their time between as many as three or four schools.

"It was chaotic," said Barbara Ethier, a South Bend school health nurse who once shuttled from building to building. She cited the difficulty for students and staff when a nurse is available certain days and certain hours only. Many in the program concurred, expressing frustration at the difficulty in simply meeting screening requirements for hundreds of children at different schools. "Immunizations -- they were incomplete or non-existent," Barb said, "It was crazy...I had three schools. I came in October and school had started in August. I had piles of registrations at each school that I was at... piles and piles of new registrations..."

Memorial targeted three inner-city elementary schools in South Bend, including Studebaker, adding Muessel and Harrison schools. These sites were chosen primarily because of their high need status. In the Studebaker district alone, median family income was lower than the city as a whole (1990 Census). In one Census tract of the district, almost 46% of children under age 18 lived in below poverty level in 1989 (1990 Census). In 1993, fourteen percent of entering Studebaker kindergartners had presented all documentation required by the school corporation, which included immunization records and health histories.

Ultimately, the Hospital provided funding for three full-time nurse positions at all three of these South Bend elementary schools. The school corporation continued to provide nursing services in other schools on its own.

In New Prairie, a system-wide approach was implemented that included the addition of one full time nurse and five certified nurse assistants, funded for a three year declining grant period. A community very different than the South Bend area, the New Prairie School Corporation uses their partnership in ways to match their school families. Michael Harding, New Prairie School Superintendent said, "In a small community like this, people have to travel so much." Their SHP Program has allowed community health fairs that can often bring families information and services, rather than families having to seek them.

The hospital works in an on-going way with the schools, helping when it can to anticipate needs. Health aides, who assist school health nurses, have since been supported by Memorial Hospital corporation-wide in South Bend. Every year at Studebaker, Harrison, and Muessel, the school nurse, supported by an aide, the school, and the hospital, put on a fair to promote healthy behaviors among their school and neighborhood families. Memorial has assisted as needed in such tasks as refurbishing school nurse offices, and linking the nurses with resources like refrigerators for medications and other equipment.

Carl Ellison, Vice President, Community Affairs at Memorial Hospital, stresses that even though the partnership has been most beneficial to certain South Bend schools, the school corporation has always been working to improve services everywhere, and continues a plan for improvement that the partnership is there to support. "We're talking about a school system where sixty percent of the kids are at free or reduced lunch," he said, "so no matter where you are in the system, there are poorer kids who need enhanced support." The corporation still takes on the "lion's share" of such a task, he emphasized, but the partnership will allow for expanded team efforts in the future.

Tending the Gardens of the Future

The value of a school nurse in increasing the good health of children is tremendous. School nurses are gardeners of health, focusing primarily on prevention and maintenance. As a school contact from everything from dispensing a child's medicine to physical therapy exercises, a nurse's role in the school is critical to the goal of education.

"One of the things that we found as we began to put this partnership together," said Rosalind, "was that for an awful lot of our kids...--the only medical person that they were seeing was a school nurse...Something would happen on Saturday at home and the mother would say, 'Wait 'til you go to school on Monday and you can see the school nurse about it.' And so, that was another reason we were finding that it was really

important to put this model together.”

The model uses school nurses, health aides, and community and school support to provide not just regular screenings, but more comprehensive health programming and resources. “...[The school nurse] is able to really get to know families, and make home visits, do education, make medical referrals, follow back up with parents to see that they in fact got in to see a physician,” said Rosalind. SHP Program nurses now review a survey every new family in the school completes to see if students have a regular physician. The survey explores family needs as they relate to health care, and becomes a basis the nurse can use to refer the family to services, often doing preliminary calls to clinic and doctors’ offices first, to make sure the match is right.

“Prior to the SHP Program in these schools, we were seeing kids that were staying out of school thirteen, fourteen days, because of head lice...It was just an on-going problem,” Rosalind described just one example on a health issue improved through the partnership, “Now we can really have the nurse doing some education. We have actually purchased video materials, where the nurse can meet with the parent and show the parent what needs to be done to take care of it...We’ve had our school nurse actually go to the home and try and give the parent some support and some direction in how to deal with that issue.”

Rosalind cites head lice as one of the biggest contributors to absenteeism, an issue directly linked to school nursing services. Problems like these and others might seem like little things, but they prohibit a child from attending school, missing the very first requirement of classroom learning -- being there.

A less obvious duty of a school nurse, Nurse Barb Ethier points out, is also simply being there -- all the time during the school day -- for kids who are simply feeling bad or may need some extra attention. Barb tells the story of a wheelchair bound boy from a big family who visits her office regularly for help with daily foot exercises he must perform and other assistance. Barb described the help she and her health aide give him light-heartedly: “Flex his foot one way, and then dorsal flex but actually, really -- and you can tell he loves it -- we’re just rubbing his feet...It’s just a little bit of nurturing. We do a lot of that, but it’s a big need that he has, and we know that.”

Barb’s office is a clean, busy area down a small corridor from the school administration desk. One wall has a new counter and cupboard --installed with help from the partnership, and a washer and dryer sit next to it. As the bell for the end of reading period sounds, several children stream into the office for their medication and other needs, and almost it seems, just to catch up. One boy proudly shows her a spot on his face that the doctor “fixed” since he last saw her, and another holds up a drawing. On her desk is a computer, also a partnership benefit, where she can track immunization and other records, helping her to remind families when their child might be due for a vaccination. “I love my job,” she said, “I know I give a lot to [the children], but boy, they really give a lot to me. I feel truly blessed to be here.”

Branching Out

“The engagement that Memorial has with South Bend schools, that started with nursing, has also expanded since the school nursing project started,” Carl Ellison noted, citing such programs as Sex Can Wait and Baby Think It Over, both Memorial-sponsored adolescent sexuality education programs that have spread rapidly throughout the schools, some even taking hold in Michigan. “There is no doubt in my mind that the school nurse commitment and relationship helped pave the way for further programming expansion...”

That expansion continues today. As schools and healthcare change, different collaborations are evolving. People who have been involved in the School Health Partnership Program on both sides of the effort have already begun to anticipate what the future might look like.

“One of our missions is to see our schools develop into full service schools and to bring the community into our buildings,” said Rosalind, “The other mission of our school corporation is to develop partnerships in the community -- to say to all of you that these children belong to all of us, and that ‘it takes a village’ to get them from point A to point B, to get them through kindergarten and through the twelfth grade, graduated, and to have met all of their needs along the way. Certainly this [School Health] partnership is right in line...”

Full service certainly includes healthcare, and the SHP Program will be essential to that effort. The next step is researching the options involved in creating school-based clinics. Carl said that in our communities, “...we know that among the poorer families, eleven percent don’t have telephones. We know that thirty percent don’t have cars. So, particularly when it comes to medical delivery, to presume that we can refer these families to some doctor some far-place away...is probably a fallacious assumption.”

Future meetings have started to move forward on a school-based clinics program, after only four years of the partnership establishment, an indicator of fast changes and improvements. This evolution is the best testament to a collaboration strong enough to continually change without being cut down. As this partnership grows, so do the fruits of its labor for the community.

School Health Partnership Program - Learning History Update (June 2000)

Memorial’s engagement with schools that are part of the School Health Partnership Program has changed and expanded since the original learning history was written. The program at the three South Bend Community School Corporation schools continues to thrive with an expanded model, however, the New Prairie program has expired as planned. Additionally, Memorial provides school-based health prevention

programmatic support to the five middle schools in the SBCSC, three middle schools in the Penn-Harris-Madison school district and one middle school with the School City of Mishawaka.

According to Mark Chambers, Memorial Hospital and Foundation Vice President, "Memorial's relationship with the school systems is broader than the original school nurse partnerships. Memorial has enlarged its view to encompass a bigger school health connection and recognized that there are 'sub-sets' of school health, including health prevention education and programming."

These sub-sets include programming that is grade specific and deals with such issues of sexuality, respect and responsibility. In sixth grade, students participate in S.O.A.R. (Self, Others and Respect) an abstinence program that uses the "Postponing Sexual Involvement" curriculum for pre-teens. The program teaches refusal skills and resistance to peer pressure. In seventh grade, students participate in Baby Think It Over and T.N.T. (Towards No Tobacco). Baby Think It Over is a voluntary workshop where students care for infant simulators and take a workshop to prevent early parenting. T.N.T is a smoking prevention curriculum developed by the University of Southern California Medical School. The program also teaches refusal skills and resistance to peer pressure. Finally, in eighth grade, students participate in the Sex Can Wait, an abstinence program that uses Teen Leaders (high school teens) to present the curriculum to eighth graders. To date, a total of 8,200 students have been exposed to these programs. The student involvement projection for the year 2001 is 12,000.

In the fall of 2000 Memorial will be opening school-based primary care clinics at Harrison, Muessel and Studebaker schools. Mark Chambers recounts that, "One of the original goals of the School Health Partnership Program was to use the school system as a way to connect students [and their families] to primary care resources. The clinics are a way to do just that, by getting kids franchised into the system with easier access to healthcare. By placing primary healthcare on-site we are helping to eliminate barriers to healthcare."

Another new and exciting initiative that impacts the School Health Partnership Program is Hoosier Healthwise, a public assistance program that provides health insurance for children. According to Mark, "The potential for sustainability has improved with the implementation of Hoosier

Healthwise. This program will help support the clinic development effort.”

Memorial continues to look for ways to partner with school systems and create linkages that will make primary healthcare affordable, easier to access, and available to all those in need. The School Health Partnership Program is a valuable part of this equation.