



STATE OF HAWAII'
BOARD OF EDUCATION
P.O. BOX 2360
HONOLULU, HAWAII 96804

May 3, 2016

TO: Patricia Halagao
Committee Chairperson, Student Achievement Committee

FROM: Amy Asselbaye
Member, Board of Education

AGENDA ITEM: Committee Action on a proposed new Student Health Services Policy combining Board Policies 103.2 Student Health Services and 103.4 School-Based Health Service Centers

I. BACKGROUND

Everyday in Hawaii's public schools, the health concerns of students interrupt their learning. In an effort to better support the academic achievement of all children, it has become increasingly important to offer seamless access to healthcare within our education system.

Schools, for example, can provide on-site screenings to catch health concerns early and health providers can ask questions about school attendance and success during routine physicals and regular checkups. Schools can partner with public health organizations and local healthcare providers to ensure that all children receive preventive and primary health care in order to attend school regularly and stay on track toward high school graduation. These partnerships can result in comprehensive care for a sick child, help manage a student's disabilities or chronic conditions, and make sure a student gets a well-rounded education that includes opportunities for physical activity, nutrition, and health education.

Today, promising health partnerships in Hawaii's schools include Tripler Army Medical Center and the Queen's Health Systems' program to address the mental health of Central Oahu students. The University of Hawaii School of Nursing's Healthy Keiki Initiative has placed nurse practitioners in high needs schools and complex areas. Farrington High School contracts with the Department of Health's Public Health Nursing division to provide daily access to a nurse practitioner on campus. Community Health Centers have brought full service health clinics into three high poverty schools. Vision to Learn, has offered free vision exams and glasses to elementary school students. And, long-standing partnerships with the Lion's Club among other local organizations, assist schools with health screenings.

The proposed revised policy, as shown in **Exhibit A**, provides the foundation to support the ongoing development of these valuable practices to improve the health of students. It also requires the Department of Education to coordinate with health partners and establish the framework for other schools to adopt best practices.

“Previous studies support the proposition that achieving health equity and education equity [are] not distinct challenges but rather demand a joint enterprise between education and health leaders. Such joint enterprises come together around the recognition of a strategic interdependence—healthy students are better learners and health providers can get better health outcomes by reaching children in schools. Accomplishing these intertwined goals can have even broader impact. In addition to educating students, schools can play a more central role in fostering healthy families and communities. Moreover, health organizations know that efforts to address the social determinants of health require the institutional commitment of schools.”¹

II. GOALS AND SUPPORTS

Federal Policy Guidance. In January 2015, the United States Department of Education and United States Department of Health and Human Services issued a joint letter to the Chief State School Officers and State Health Officials, which stated that every child deserves the opportunity to live a healthy and successful life. The agencies renewed a commitment to support quality health care and education for every child by providing a toolkit and resources to better connect health and education services.

These federal agencies further stated that the collective work between health and education agencies is critical to increasing access to health care and quality education that can narrow disparities, promote achievement, and build a reliable system of support for every young person.

The tools and resources for state and local stakeholders provide practical steps² to strengthen the link between health and education, encouraging the exploration of high-impact opportunities to:

- Increase access to health insurance to promote better academic outcomes;
- Create school environments with the physical and mental health supports to help students succeed academically and lead healthy lives; and
- Strengthen coordination and collaboration between health and education systems at the local and state levels.

¹ Martin J. Blank, *Building Sustainable Health and Education Partnerships: Stories From Local Communities*, Journal of School Health, (Nov. 2015), available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4606780/>.

² The following steps are from the January 2015 letter, which is available at: <http://www2.ed.gov/policy/elsec/guid/secletter/160115.html>.

To increase access to health insurance to promote better academic outcomes:

- Help eligible students and family members enroll in Medicaid, the Children’s Health Insurance Program (“CHIP”), or the Health Insurance Marketplace.

To create school environments with the physical and mental health supports to help students succeed academically and lead healthy lives:

- Provide and expand reimbursable health services in schools.
- Provide or expand services that support at-risk students, including through Medicaid-funded case management.
- Promote healthy school practices through nutrition, physical activity, and health education.

To strengthen collaboration between health and education systems at the local and state levels:

- Build local partnerships through partnering with a school-based health center or participating in hospital community needs assessments.

State Level Policy Support. The Governor’s education policy supports the funding of innovative programs originating at the school level where each promising practice in school health began.

The Hawaii State Legislature also provided an impetus for the State Departments of Education, Health, and Human Services to again regularly meet and collaborate for the purposes of creating a comprehensive school health program to improve children’s well-being. While the legislation to require this did not pass (Senate Bill 841, 2015), the Department Directors decided that regular meetings would be a worthwhile endeavor and have followed through on the intent of the legislation.

III. PROCESS

The development of this policy has taken over a year; has involved a stakeholder group of 25 individuals and organizations representing government agencies, non-profit advocacy organizations, healthcare associations, Principals and a Complex Area Superintendent; and has evolved through multiple feedback loop opportunities.

IV. TIMELINE

Board Stakeholders Group Established June 23, 2015

Department of Education Leadership Group Meeting September 30, 2015

Student Achievement Committee Hearing on November 3, 2015
Secondary Schools Principals Forum January 5, 2016
Central Oahu District Principals' Meeting January 19, 2016
Meetings and E-mails from Individual Principals
Attorney General Review February 23, 2016
Department of Education E-mail Feedback Loop March 29, 2016

The end result is the proposed School Health Services policy, which supports the academic achievement of our students by improving their health and wellness (See **Exhibit A**). The implementation of the policy will take time; therefore it is advised to adopt the proposed policy with recommendations below. Note that the recommendations include the deletion of Board Policy 103.2 Student Health Services and 103.4 School-based Health Service Centers in the form proposed by the Policy Audit Permitted Interaction Group, both of which are attached as **Exhibit B**.

V. RECOMMENDATIONS

I recommend the following proposed motions:

That the Student Achievement Committee recommend that the Board of Education approve and adopt the policy attached to this memorandum as **Exhibit A**, dated May 3, 2016, as Board Policy 103.4 School Health Services Policy and delete Board Policy 103.2 Student Health Services and 103.4 School-based Health Service Centers (in the form proposed by the Policy Audit Permitted Interaction Group attached as **Exhibit B**).

That the Student Achievement Committee recommend that the Board of Education direct the Department of Education to incorporate the vision and implementation of Board Policy 103.4 School Health Services Policy (in the form attached to this memorandum dated May 3, 2016 in the recommendations concerning the review and extension of the Joint Department of Education and Board Strategic Plan, which the Department is currently working on.

That the Student Achievement Committee recommend that the Board of Education direct the Department of Education to develop a plan for this proposed policy with short and long term goals that show appropriate steps towards implementation.

EXHIBIT A
Proposed Board Policy 103.4

SCHOOL HEALTH SERVICES

The Department of Education shall support partnerships at schools to provide health services to students. To that end, the Department of Education shall work with other state agencies and community partners to:

- Define a menu of coordinated school health services that facilitates efficacy in the continuum of supports provided to all students;
- Support the use of culturally responsive, evidence based school health services and practices; and
- Facilitate ongoing dialogue to enhance coordinated school health services.

Schools may partner with relevant government agencies and community organizations to support the provision of coordinated school health services whenever mutually agreeable to benefit students. Based on school community needs and available resources, schools may implement a range of services including but not limited to primary and preventive health care; dental, vision, and hearing screenings and services; school counseling, school based behavioral health, mental health, social services, school nutrition, health literacy education, physical education, a healthy school environment, and staff health and wellness.

Rationale: Schools play a critical role in promoting the health and safety of young people and helping them establish lifelong healthy behavior patterns. Research shows a link between the health outcomes of young people and their academic success. To have the most positive impact on the health outcomes of young people, government agencies, community organizations, schools, and other community members must work together on a comprehensive approach.

Exhibit B

**Board Policy 103.2 Student Health Services and 103.4 School-based Health Service
Centers (recommended for deletion)**

*Redlines show changes to original policies proposed by
Policy Audit Permitted Interaction Group*

POLICY 103.2

STUDENT HEALTH SERVICES

Ancillary health services within the jurisdiction of the department shall be provided. The school may recommend that parents seek the help of the medical professional or appropriate health agencies for cases beyond its scope of responsibility.

The school is responsible for providing immediate and temporary care for students who become ill or are injured on school premises. The administering of first aid is the responsibility of the principal or his or her designee(s).

Approved: 10/70; Amended: 3/88

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POLICY¶

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Deleted: First aid care for ill and injured students shall be provided throughout the school day

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POLICY 103.4

SCHOOL-BASED HEALTH CENTERS

Schools may establish school-based health service centers (SBHSCs) in cooperation with the Department of Health. Services offered by the SBHSC's must be determined through the school's collaborative decision-making process and operate under policies established by the Board of Education. SBHSCs will not be funded through Department of Education budget requests.

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Approved: 8/95