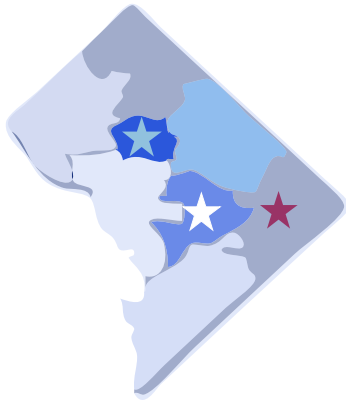


School Health Centers: Bringing Health Care to Schools for Student Success



School Health Centers (SHCs) in DC

- ★ **Eastern Senior High School**
1700 East Capitol Street, NE
Ward 6
- ★ **H.D. Woodson Senior High School**
5500 Eads Street, NE
Ward 7
- ★ **Marie Reed Elementary School**
2250 Champlain Street, NW
Ward 1

48 School-Based Mental Health Programs Operated by the DC Department of Mental Health (complete listing of schools on page 4)

Services Offered at School Health Centers

- Complete physical examinations
- Sports physicals
- Screening – developmental delay, vision, hearing, obesity
- Chronic disease management – obesity, asthma, diabetes
- Sick visits for acute illnesses
- Immunizations
- Mental health services
- Dental services
- Health education
- Routine lab work
- Medical and social case management
- HIV/AIDS and STI Testing and Counseling

5424 Nebraska Avenue, NW
Washington, DC 20015
202-237-6855 (ph)
202-237-7070 (f)
www.DCASBHC.org

All children need great schools and first-class health care to succeed. Schools in the District of Columbia have made a new commitment to helping students achieve academic success through robust academic programs and tracking of academic progress. Strong health programs help assure academic success by helping all children stay in school, keeping them healthy while in school, and providing extra support to our schools' most vulnerable children.

What are School Health Centers?

School Health Centers (SHCs) provide on-site comprehensive pediatric health care at school so children have ready access to primary, preventative, mental, and oral health services. SHCs have been shown to reduce student absences and to identify students at risk for health and behavioral problems. This increases opportunities for meaningful classroom and learning time. SHCs support the District's mission of ensuring that all children are ready and able to learn.

Over the past 25 years, communities across the United States have established SHCs to help students get the care they need to be successful students. The number of SHCs has grown from 100 centers in the mid-1980s, to nearly 2,000 by 2007, with the District of Columbia having three. Typically the centers share the following characteristics:

- They are located in schools or on school grounds.
- They provide services that meet the specific physical, emotional, and behavioral health needs of young people in the community.
- They employ a multidisciplinary team of health professionals: nurse practitioners, registered nurses, physician assistants, social workers, physicians, and other health professionals such as dentists and dental hygienists.
- They require parents to sign written consents for their children to enroll in the health center.
- They work with school staff to become an integral part of the school.
- They are usually sponsored by a qualified health provider such as a hospital, health department, or community health center.
- They have an advisory board consisting of community representatives, parents, youth, and family organizations to provide planning and oversight.¹

What are the Health Needs of DC's Students?

Health Status

The close association between poverty and health status contributes to some of the challenges confronting the District's children.

- 32% of the District's 114,992 children (less than 18 years old) live in poverty and 19.2% live in extreme poverty.²
- 8.2% of children had current health conditions described as moderate or severe.³
- 10.6% of children aged 3 – 17 had moderate or severe difficulties in the area of emotions, concentration, behavior, or getting along with others.³

**How do SHCs
meet these needs?**

Access to Health Care Services

According to the National Survey of Children's Health,³

- 9.4% of DC children were without consistent insurance coverage in past year
- 34.3% of children had NOT had a preventative medical visit and dental visit in the past year
- 54.8% of children did NOT have a personal doctor
- Avoidable hospitalizations are on the rise in DC's children (age 0-17) – 8.9(per 1,000), in 2004, to 12.1 in 2006⁴

Students can **access** SHCs all day while at school and parents can stay at work and miss fewer days of work. Children are able to receive pediatric primary care, including annual physicals and immunizations, in a more timely and convenient manner. SHC users have a higher visit rate for preventative care and are less likely to use emergency care in comparison with community clinic users. Users of SHCs in DC like the ease with which they can get appointments and also state that they do not have to miss a half day of school for a doctor's appointment.

Obesity

DC has the highest rate of overweight youth, ages 10-17 y.o., at 22.8% in the nation.⁵ DC Medicaid data from well-child visits indicate that almost 50 percent of children are identified as overweight or obese.⁶ Between 1980 and 2004 the number of overweight children in the US, ages 6-19 y.o., has tripled.⁷

SHCs are well positioned to work with children and adolescents on **obesity** issues. They can offer nutrition education, education on physical activity, screening to diagnose obesity, and follow-up of patients who are at-risk of becoming obese. SHCs can screen for the chronic medical issues associated with obesity – such as diabetes, high blood pressure, high cholesterol, and depression.

Mental Health

There are a significant number of risk factors that DC youth face every day and that impact their emotional, behavioral, and social health. The rate of teen deaths by violent means remains much higher than the national average, and DC ranks highest among cities where extreme poverty persists. Over one-fourth (27%) of DC high school students describe themselves as sad or hopeless and 12% attempted suicide (compared to 8% nationally). Nearly one in four DC middle school students seriously thought about killing themselves. The majority of high school students (66%) report having used alcohol in their lifetime, and 40% admit to marijuana use during the course of their young lives.¹⁰

Nationally, 21% of children ages 9-17 experience the signs and symptoms of a diagnosable mental health disorder during the course of a year, 11 % experience significant impairment, and 5% have extreme functional impairment. On average, only 25% of children that need mental health care get the services they need. Youth of ethnic minority descent have even less access to care and are less likely to receive needed mental health services.¹¹

School based **mental health** providers (social workers, case managers, counselors, psychologists, etc.) remove the barriers to access and decrease stigma associated with receiving support. Having additional mental health providers in schools ensures better access to consistent, comprehensive support services. Adolescent students enrolled in an SHC, as compared to their same-aged peers, report decreased tobacco and marijuana use.¹² In addition, there are increased visits to substance abuse and mental health clinicians when these services are delivered through a school-based model.¹³

Asthma

Nationally, asthma is one of the leading causes of chronic illness in children and teenagers. It is the leading cause of school absenteeism, accounting for an annual loss of more than 14 million school days.⁸

The DC asthma prevalence of 11.8% (vs. 8.8% nationally) continues to increase and is higher than any other state in the nation.⁹

SHCs can treat acute asthma exacerbations that develop during school. They can also help monitor and manage asthma throughout the year so as to prevent acute attacks while providing essential asthma education. Children who take part in school-based asthma education programs have decreased asthma exacerbations and reduced hospitalizations. Asthma is a very manageable disease when watched closely!

“You can’t educate a child that is not healthy, and you can’t keep a child healthy who is not educated.”

*Jocelyn Elders, former
US Surgeon General*

Adolescent Health

48.1% of DC high school students reported that they had sexual intercourse and 37.2% of sexually active high school students reported that they had not used a condom the last time they had sex¹. One third of DC high school students had sexual intercourse with one or more people during the past 3 months.¹⁴

New cases of Chlamydia in DC have risen by 13% between 2000 and 2005; the second highest number of cases occurs among black 10-19 year olds.¹⁵

Roughly 1 out of every 100 young people ages 13 to 24 in the District is HIV infected or has AIDS. The estimated rate of HIV incidence among teens and young adults has almost doubled in five years.¹⁶

Adolescents are a notoriously hard to reach population. They engage in high risk activities that put them at risk of health problems, school failure, dropout, and long-term problems. DC youth are at increased risk of sexually transmitted infections (STIs), HIV, pregnancy, cervical cancer, school failure and violence. In an SHC, adolescents can receive education about healthy lifestyles as well as care that is confidential and convenient. Immunizations for adolescents, such as the Human Papillomavirus (HPV) Vaccine, Pertussis vaccine and Meningitis vaccine can all be given in an SHC.

Health and Education

It is well established that unhealthy, disengaged, and absent children cannot meet the rigorous academic standards expected of them. While improving student health is not the magic bullet to assuring academic success, poor health is one barrier that can and should be overcome to enable kids to succeed in school. SHCs can decrease the rate at which students miss school for illness, doctor appointments, and delayed immunizations. By giving kids the chance to be in school more regularly, SHCs help to:

- Decrease student drop-out
- Decrease absenteeism
- Increase seat time
- Improve kids and families connectedness to school
- Support teachers
- Improve parent satisfaction

Children who are healthy are more ready to learn. By providing children and adolescents with access to comprehensive, coordinated, culturally appropriate, and community-centered health care, schools and health care providers will be able to support each other in the end goal of helping children grow up to be healthy, happy, and productive members of our community.

REFERENCES:

¹ National Assembly on School-Based Health Care. School-Based Health Care Basics. Accessed on the web at <http://www.nasbhc.org/site/c.jsJPKWPFJrH/b.2561553/k.B215/basics.htm>

² Action for Healthy Kids – State Profile on Nutrition and Fitness, 2005: District of Columbia Profile. <http://www.actionforhealthykids.org/filelib/stateaction/profile/District%20of%20Columbia.pdf>

³ The Health and Well-Being of Children: A Portrait of States and the Nation 2005. U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. The National Survey of Children's Health 2003. Rockville, Maryland: U.S. Department of Health and Human Services, 2005.

⁴ Our History in Numbers: What Does the Data Tell Us? Nicole Lurie, M.D., M.S.P.H.; Carole Gresenz, Ph.D.; Janice Blanchard, M.D., Ph.D.; Teague Ruder, RAND Corporation; and Amber Price, RAND Corporation. (PowerPoint Presentation, DCPCA's 10th Annual Meeting, October 25, 2007)

⁵ Trust For America's Health- F as in Fat: How Obesity Policies are Failing in America, 2007 Available at: <http://healthyamericans.org/reports/obesity2007>

⁶ District of Columbia Partnership to Improve Children's Healthcare Quality, 2007.

⁷ Childhood Overweight: What the research tells Us, 2007. The Center for Health and Health Care in Schools. School of Public Health and Health Services, The George Washington University Medical Center.

⁸ Centers for Disease Control & Prevention. National Center for Health Care Statistics. Asthma Prevalence, Health Care Use and Mortality, 2002. Available at: <http://www.cdc.gov/nchs/products/pubs/pubd/hes-tats/asthma/asthma.htm>

⁹ Centers for Disease Control & Prevention. National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children's Health, 2003. From "Trends in Asthma Morbidity and Mortality: Part II Graphs," American Lung Association, May 2005.

¹⁰ Centers for Disease Control & Prevention. Youth Risk Behavior Surveillance – United States, 2007. Unpublished data made available from DC Public Schools. For more information please contact: DC Public Schools, OFFICE OF THE CHANCELLOR, Division of Student and School Support Services, HIV/AIDS Education Program – CDC Cooperative Agreement U87/CCU322616, 825 North Capitol Street, NE, 8TH Floor, Washington, D.C., 20002-1994: 202-442-7860.

¹¹ U.S. Department of Health and Human Services. Mental Health: A Report of the Surgeon General—Executive Summary. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999. Available at: <http://www.surgeongeneral.gov/library/mentalhealth/home.html>

¹² Robinson WL, Harper GW, Schoeny ME. Reducing Substance Use Among African American Adolescents: Effectiveness of School-Based Health Centers. Clinical Psychology V10 N4, 2003

¹³ Anglin TM, Taylor KE, Kaplan DW. Comprehensive school-based health care: high school students' use of medical, mental health, and substance abuse services. PEDIATRICS Vol. 97, Issue 3, pp.318-330. 1996

¹⁴ Centers for Disease Control & Prevention. Youth Risk Behavior Surveillance – United States, 2005. Surveillance Summaries, June 9, 2006. MMWR 2006; 55 (No. SS-5)

¹⁵ DC Department of Health. The Status of Chlamydia, Washington, DC, 2000-2005. DC Department of Health. The Status of Gonorrhea Washington, DC, 2000-2005.

¹⁶ DC Department of Health HIV/AIDS Administration – Youth and HIV Prevention Initiative Plan 2007-2010; June 2007.

SCHOOL BASED MENTAL HEALTH PROGRAMS

DCPS Elementary Schools

- Aiton Elementary School
- Benning Elementary School
- Bunker Hill Elementary School
- Burrville Elementary School
- Charles Young Elementary School
- Davis Elementary School
- Emery Elementary School
- Ferree-Hope Elementary School
- Garrison Elementary School
- Gibbs Elementary School
- Harriet Tubman Elementary School
- Houston Elementary School
- JC Nalle Elementary School
- J. O. Wilson Elementary School
- LaSalle Elementary School
- MC Terrell Elementary School
- Myrtila Miner Elementary School
- River Terrace Elementary School
- RK Webb Elementary School
- Turner Elementary School

DCPS Middle/Junior High Schools

- Bertie Backus Middle School
- Garnett-Patterson Middle School
- Jefferson Middle School
- Kelly Miller Middle School
- Kramer Middle School
- Lincoln Multicultural Middle School
- MacFarland Middle School
- Merritt Middle School
- PR Harris Educational Center
- Ron Brown Middle School
- Thurgood Marshall Educational Center
- Browne Junior High School
- Eliot Junior High School

DCPS High Schools

- Bell Multicultural High School
- Eastern Senior High School
- M.M. Washington Career Senior High School
- Spingarn Senior High School

Public Charter Schools

- Booker T. Washington PC School
- Cesar Chavez PC High School
- Children's Studio Elementary School
- Friendship Blow-Pierce PC School
- Friendship Collegiate Academy, PCS
- Friendship Woodridge PC School
- Maya Angelou PC Middle School
- Maya Angelou PC High School
- Meridian PC School
- Nia Community PC School
- Options PC School

Reflects School Year 2007-08

Revisions made annually



DC ASSEMBLY ON
SCHOOL HEALTH CARE

5424 Nebraska Avenue, NW
Washington, DC 20015
(ph) 202-237-6855 (f) 202-237-7070
www.DCASBHC.org

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The DC Assembly on School Health Care (DCASHC) promotes and supports the development of school health care services aimed to improve the health, well-being, and academic success of students, primarily through school health centers. We envision a District of Columbia in which school health centers are an integral and financially sustainable part of the health care system for children, especially for children in medically underserved areas of the city. We are focused on creating and sustaining school health centers that provide preventative health and education services, as well as comprehensive primary and mental health services, by playing an active role in the coordination of health services provided through schools. The overarching goal is to improve access to quality health care for all youth in schools and to maximize the utilization of effective services through advocacy, education, and collaboration. This program is funded, in whole or in part, by the Government of the District of Columbia. For more information about the DC Assembly on School Health Care or school health centers, please contact Jennifer Leonard, Executive Director, at JLeonard@DCASBHC.org or see our website at www.DCASBHC.org.