History & Development of the Modern School Health Framework: School Health Then & Now

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Objectives

- To understand the history and evolution of the school health framework
- To understand and be able to describe the components of the CDC model of Coordinated School Health
- To understand basic principles and infrastructure components necessary for the planning and development of CSHP’s
History of School Health

- Public health influences
  - Public health crises and other issues
  - Social and behavioral factors
  - Research

- Political/Social influences
  - Role of education as an entitlement
  - Role of education reform in shaping program focus/priorities

- Economic influences
Public Health Crises-Then

- Communicable diseases
  - Small pox
  - Tuberculosis
- Physical conditions
  - Malnutrition
  - Ricketts
  - Oral health
Public Health Crisis: Communicable diseases

1850—Lemuel Shattuck report
1860’s—A small pox outbreak in NYC
1870—small pox vaccination became a requirement for school attendance
1860’s and 1870’s—inspections of school buildings to look at their role in the spread of disease
Public Health Crisis:
Malnutrition

1890’s—Boston and Philadelphia—established cooperative programs with charitable organizations to provide school lunches
Physical Health Conditions

1894—Boston--visiting clinicians (volunteers) conducted health screenings —vision screening, illness screening, communicable disease screenings

1897—Chicago, Phila, NYC developed similar screening programs

1899—CT—vision screening mandatory
Screenings

1902—NYC- began a program of routine screening, and employed nurses to help assist families with follow-up

1902—Lillian Wald demonstrated in NYC that nurses working in schools reduced absenteeism by 50% (lynch, 1977)

1913—NYC had 176 school nurses
Modern Programs Emerge

1920s to 1950s
- Link between school health services and need for health education
- Immunization documentation, screenings, treatment for minor injuries, referrals for problem diagnosis & treatment

1960s & 1970s
- Nurse practitioners emerge as do school-based health centers
- Access to health care emerges as an issue for poor children
- Federal law mandates health-related services for students with disabilities
Modern Programs Develop/Mature

1980s and 1990s
- Spread of school-based health centers;
- Political forces: accountability, testing, educational outcomes
- Health systems forces: managed care, health outcomes focus
- “Social Morbidities” and emphasis on mental health
- Development and promotion of the CSH model

2000s
- Oral health emerges as critical issue for children
- Politics of “morality” and behavioral health
- Technology/data/evaluation/research/evidence based practice
- Health care system “reform”
Public Health Crisis-- Now

- Some linked to communicable diseases
  - STIs
  - HIV
  - Pandemic influenza

- Strong link and influence of social and political factors
  - Economic forces and access to care issues
  - Health disparities

- Social/ behavioral morbidities
  - Suicide
  - Obesity
  - Heart disease

- Bioterrorism
History of School Health: Political/Social influences

- Then-Mass screenings for correctable health problems
  - Drive for it to be non-competitive with private sector

- Now-Mass education with some screenings
  - Focus on social morbidities
  - Public private collaborations

- Modern political influences
  - Cigarette restitution funds
  - NCLB
  - Blended curriculum
  - Obesity, Nutrition, and Physical Activity
  - Terrorism and pandemic influenza
History of School Health: Economic influences

- Poverty
- Welfare
- Health care reform
- Medicaid
  - Managed Care
- Private sector influences
  - Competition/cooperation/collaboration
- Immigrants (undocumented and documented)
Other Influences

- Evolution of best practices
  - Impact of data related to health behaviors
  - CDC strategies to promote national school health/DASH
  - Identify and monitor health conditions
  - Apply research
  - Enable constituents

- Evaluation
School Health Program Outcomes

- Individual Student/Staff Outcomes
  - Health
  - Behavioral
  - Academic

- Programmatic Outcomes
  - Policies
  - Components
  - Organization

- Community Outcomes
  - Accountability
  - Community Involvement
  - Health

Adapted from IOM. Schools and Health: Our Nations Investment (1997)
Models of School Health Programs

- Content/component based models
  - 3 component model
  - 8 component model
  - Nader (1990) model

- Expanded service models
  - School based health centers
  - Full-service schools/Community schools

- Integrated community programs
  - Can include all of the above

- Management models
  - Applied to all
  - Implementation infrastructure
3 Component Model

Health Services

Healthy Environment

Students/Staff

Health Instruction
Nader’s Family-School-Community Model

Health Status → Educational Achievement

School
- Health Services
- Health Education
- Physical Education
- School Environment
- Nutrition, Counseling, Staff health promotion

Family/Friends

Community
- Health services, health and social programs

Media (Materials)

Adapted from IOM (1997)
A.C.C.E.S.S.
Schools as a microcosm of society

Overarching
 Sets tone for staff and students
 Builds consistency

Administration    Community

Environment

Curricula

School Services

8 Component Model

- Family & Community Involvement
- Comprehensive School Health Education
- Physical Education
- School-site Health Promotion for Staff
- Healthy School Environment
- Counseling, Psychological & Social Services
- Nutrition Services
- School Health Services

Source: ASTHO: Making the Connection
www.thesociety.org
Health Services:
School Based Health Centers

- On-site clinic that provides a full range of health, dental and mental health services to the students, staff, and community
- Planned and implemented based on needs assessment, community needs, priorities and values
- Operates and is supported by a community partner or sponsoring organization
Full Service/Community Schools Outcomes (Selected)

- ↑ Parent involvement
- ↑ Academic achievement
- ↑ School Environment
- ↑ Attendance/ ↓ absenteeism
- ↓ Drop-out-rate
- ↓ Violence
- ↓ Drug Use
- ↓ Teen Pregnancy

Outcomes
(Immediate/short term/long term)

- Individual Student/Staff Outcomes
  - Health (short/long)
  - Behavioral (immediate/short/long)
  - Academic (short and long)
- Programmatic Outcomes
  - Policies
  - Components
  - Organization
- Community Outcomes
  - Accountability
  - Community Involvement

Program Components

- School health services
- Psychological services
- School environment
- Health education
- Physical education
- Nutrition
- Staff health
- Family and community involvement

Adapted from Kolbe (1987) and IOM report (1997)
A Social-Ecological Model

- Social Structure, Policy, Systems
- Community
- Institutional/Organizational
- Interpersonal
- Individual

Expanded 8 Component Model: Ecological Model

Address the multiple causes of disease
Address the multiple influences on behavior
Cause multiple behaviors to change
Improved Health Status
Management/administrative Tasks: Integrating Concept

- Casting vision
- HR/personnel
- Budgets
- Grant writing
- Purchasing
- Time management
- Program planning, implementation, and evaluation skills
- Surveillance skills
- Communication/marketing skills
- Knowledge and awareness of community needs and resources
- Ability to develop policy
- Strategic planning
- Accountability structures

Source: Davis, T M; Allensworth, DD. *The Journal of School Health*; Dec 1994; 64, 10
School Health Policies and Programs Study (SHPPS) 2006

Tracks CSHP’s policies and programs components:
- Characteristics
- Leadership
- Collaboration
- Policy and practice trends

Each component has a separate analysis
- Diversity and range of results
- No component meets HP2010 objectives
Implementation Challenges

- How might limited resources affect implementation of each component of the model?
- What role do the federal and state governments play in CSHP implementation?
- What role does marketing play in implementation of the programs?
- What community/social/political issues or factors might programs face?