Strengthening Student Health for Primary Care

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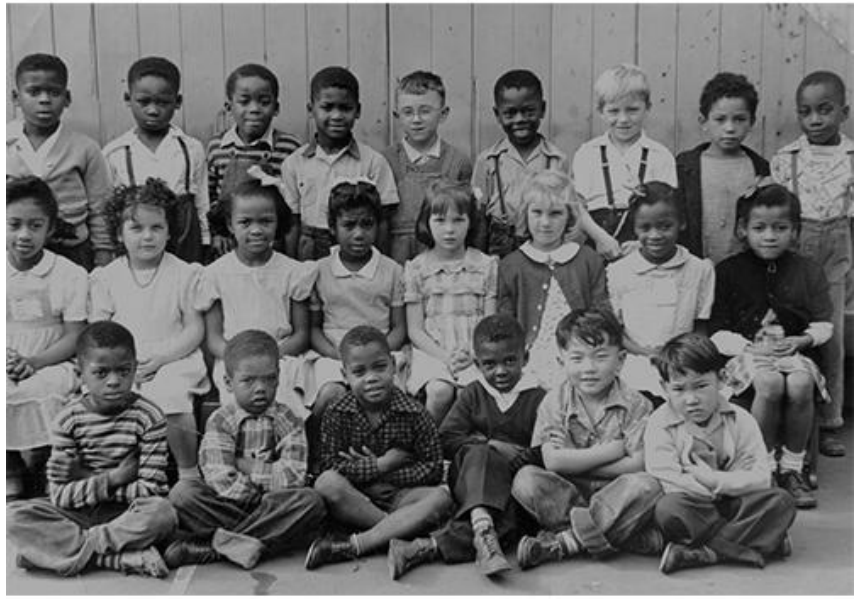
PARTNERS for Equity in Child and Adolescent Health

Purpose

- To advance health equity through increased access to healthcare and improved delivery of health services to children and adolescents living in under resourced and marginalized communities throughout the state of Georgia.



PARTNERS…

Vision:

- Envision a Georgia where all children have equitable opportunities and resources leading to optimal health and academic achievement.

PARTNERS . . .

MISSION:

To enhance the health and well-being of Georgia's underserved children by:

- Expanding the number of School-Based Health Centers in the State of Georgia
- Creating a family-centered model for comprehensive primary care services for at-risk children
- Developing innovative programs that link healthcare, education and community services
- Training future pediatricians to provide medical care that addresses the social determinants of health

Why is this work important?

“It is easier to build strong children than to repair broken men.”

Frederick Douglass (1817–1895)

Building Strong Children

Basic Strategy for child success:

- Strengthen the Parent-Child Dyad and other support systems
- Create the framework for good health and academic success early
  - Identify Deficits Quickly
  - Intervene Aggressively
- Advocate Effectively
  - Safe communities and environmental justice
  - Racial and Social justice
  - Leadership development and opportunities to serve

Building Strong Children

America's Promise

- A Caring Adult
- A Healthy Start
- Effective Education
- Safe Places
- Opportunity to Help Others
  - https://americaspromise.org/resources/every-child-every-promise-turning-failure-action/

A Caring Adult

- A caring adult is a parent or other adult mentor who provides guidance and advice.
- A caring, committed adult in a child's life increases their chances of succeeding.
  - 'Every child is one caring adult away from being a success story' – Josh Shipp (Motivational speaker)
- Race, family income, marital status and educational achievement are predictors for having a caring adult in a child or youth's life.

https://educateiowa.gov/sites/default/files/documents/2013-54CaringAdults.pdf

A Caring Adult

In the US:

- Three million children live in a home without an adult
- One in four children live in a single-family households
- 90% of homeless or runaway children are from fatherless homes
  - Approximately 25 million children live without a father
- The lack of parental and social support is associated with higher rates of loneliness, anxiety, depression, and low life satisfaction.

https://www.pewresearch.org/short-reads/2019/12/12/u-s-children-more-likely-than-children-in-other-countries-to-live-with-just-one-parent/#:~:text=For%20decades%2C%20the%20share%20of,with%2038%25%20of%20children%20globally.

https://www.nolongerfatherless.org/statistics#:~:text=90%25%20of%20all%20homeless%20and,live%20without%20their%20biological%20father

https://www.apa.org/monitor/2025/04-05/teen-social-emotional-support#:~:text=Social%20support%20is%20sorely%20lacking,that%20societal%20shift%20toward%20seclusion.

Good Health

The World Health Organization defines health as a “state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.”

Health . . .

Magnitude of the Problem: Nationally

- **Declining child health in the U.S.***
  - Asthma, obesity
  - Neurodevelopmental disorders
  - Mental, emotional, and behavioral health disorders
  - Substance use disorders
  - **US children 80% more likely to die from ages 1 to 19 than their peers in other high-income countries.**

- Approximately 12 million children nationwide from economically disadvantaged households are at risk for a variety of negative outcomes including**:
  - 1) increased rates of health problems and mortality;
  - 2) increased risk of academic underachievement, school drop-out, and unemployment; and
  - 3) emotional and behavioral problems.

*https://www.science.org/content/article/comprehensive-look-u-s-children-s-health-finds-steady-decline

**https://www.savethechildren.org/us/charity-stories/poverty-in-america

Effective Education/Academic Achievement

- A student's measurable success and accomplishments in their educational journey as reflected through high grades, test scores, scholarships, awards, and graduation.
- Academic Achievement leads to:
  - Increased employment opportunities
  - Higher Income
  - Increased job stability and security
  - Improved mental and physical health
  - **Pathway to upward mobility**
    - "Education is a pathway out of poverty"
      - https://www.centreforsocialjustice.org.uk/about/the-five-pathways#:~:text=The%20CSJ%20is%20best%20known,and%20problem%20debt%20and%20housing.

Academic Achievement

Academic Achievement

Approximately 37% of fourth graders and 36% of eighth graders can read proficiently

Forty (40) percent of 4th graders and 34% of eighty graders are proficient in math.

(National Center for Education Statistics, 2019)

Child Safety

- The act of protecting children from physical, emotional, and psychological harm.

- Requires limiting their exposure to hazards and establishing safe and nurturing environments.

Safety

- In the U.S.:
  - Unintentional Injuries are the leading cause of death for children 1-19 years of age*
    - Firearms, motor vehicle accidents, drownings, falls, etc.
      - Firearms leading cause of death for children 1-17 years of age
  - Child abuse and neglect
    - In 2022, approximately 1,990 children died from abuse and neglect in the United States**
  - Exposure to childhood trauma, abuse, and neglect can lead to lifelong emotional, behavioral, and physical health problems.

- *https://www.stanfordchildrens.org/en/topic/default?id=accident-statistics-90-P02853#:~:text=Injuries%20are%20a%20major%20source,result%20of%20a%20home%20injury
- **National Statistics on Child Abuse - National Children's Alliance

Child Safety

- Schools are considered safe and nurturing places for children
  - Focus on academics (maximizing achievement success)
  - Family Involvement
  - Emphasize positive relationships between student and staff
  - Treat students with respect
  - Discuss safety issues openly
  - Students can express/share their concerns
  - Links with the broader community
    - Student and family support

- https://campussuite-storage.s3.amazonaws.com/prod/1558656/bf426226-43fb-11e9-a681-123a2b95670e/1913164/f558c5f2-5ba3-11e9-96c4-0aa510474292/file/School_Safety.pdf
- https://www.idra.org/resource-center/characteristics-of-a-school-that-is-safe-and-responsive-to-all-children/

SBHCs' role in America's Promise

- The Five Promises and SBHCs:
  - **A Caring Adult** (Advocate, mentor)
  - **A Healthy Start** (Increased access to comprehensive care)
  - **Effective Education** (Healthy children learn better)
  - **Safe Places** (A sanctuary for students, parents and staff)
  - **Opportunity to Help Others** (Partnering with school, personnel and community to cultivate leadership skills)
  - https://americaspromise.org/resources/every-child-every-promise-turning-failure-action/

School-Based Health Programs

Raising Strong Children through Good Health and Academic Success

SBHCs, Health and Education

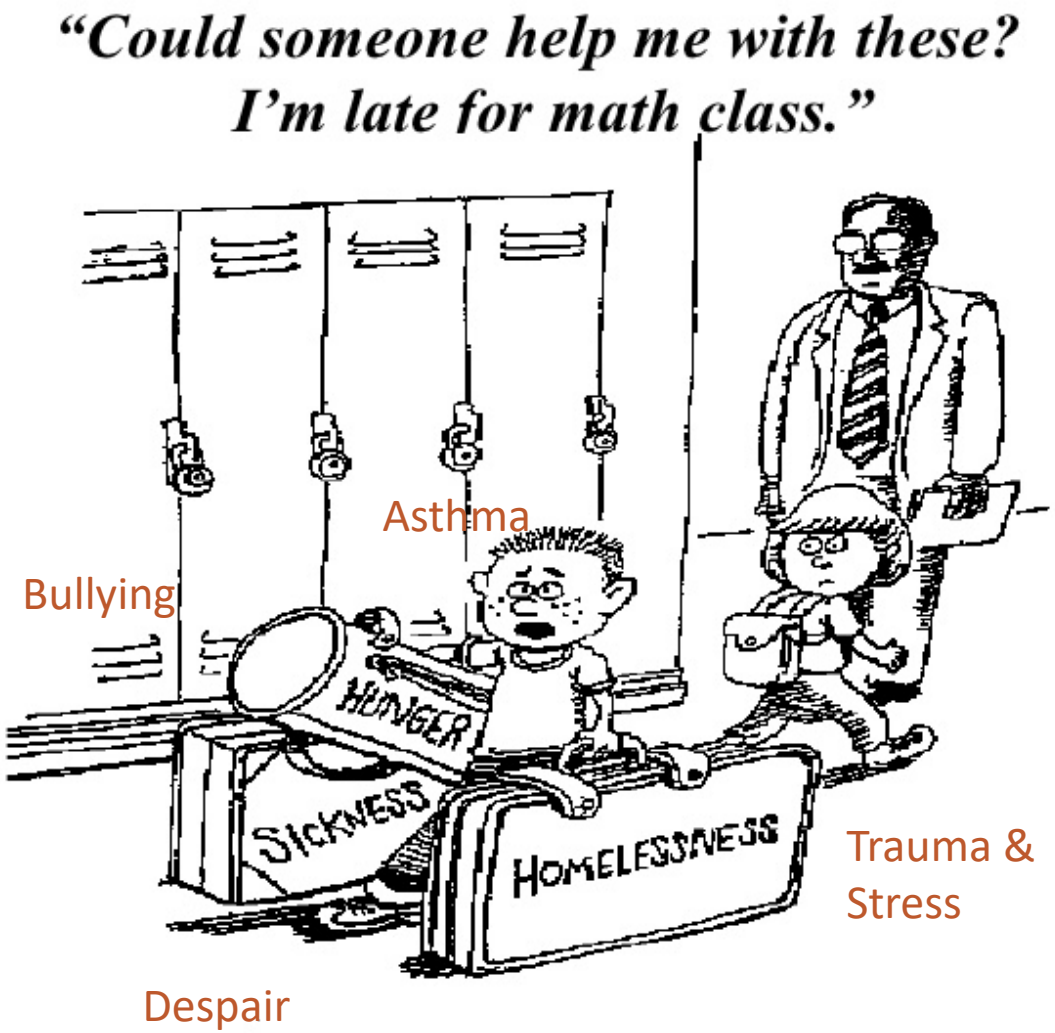
SBHCs operate at the nexus between health and education

Health and Education

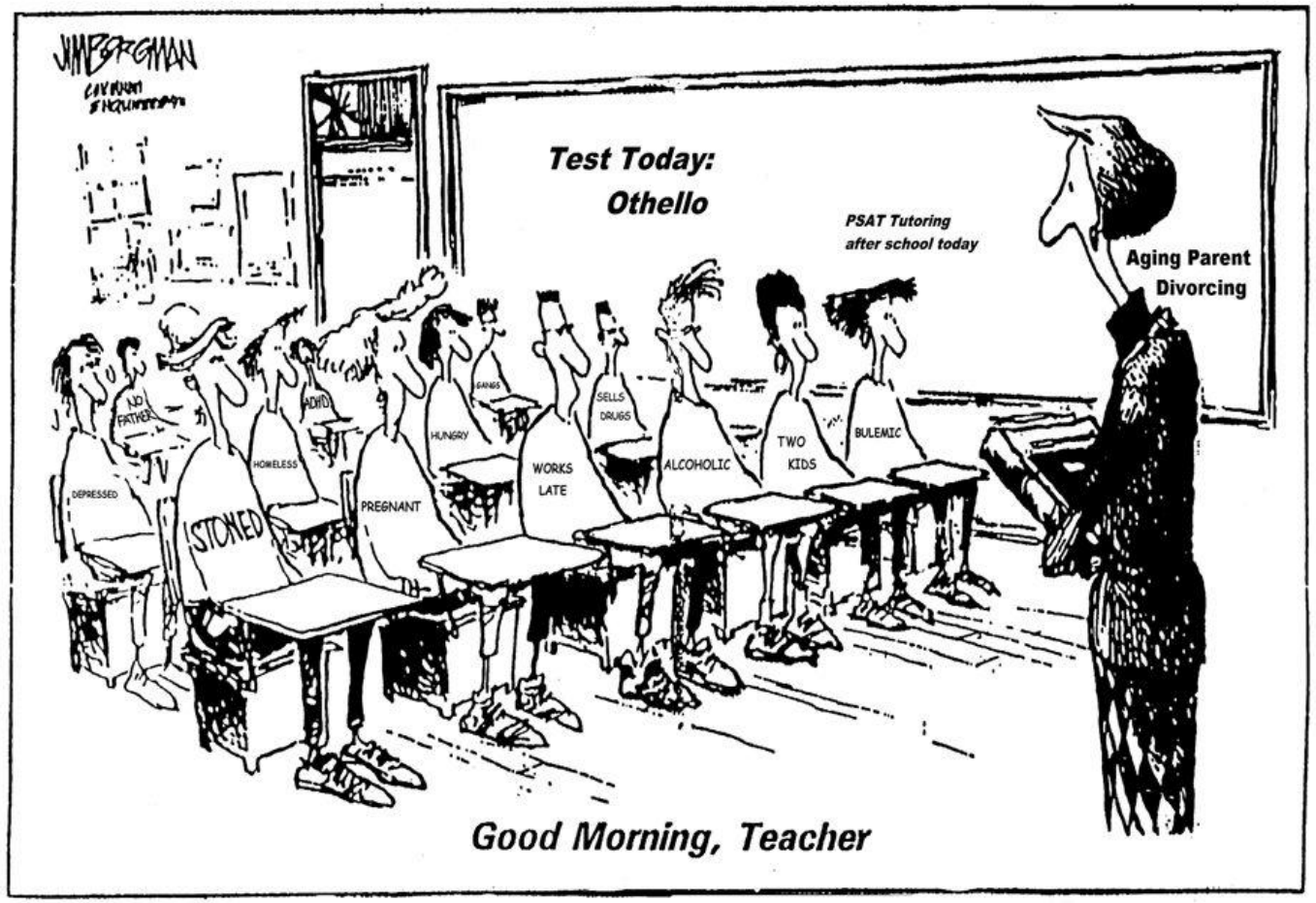
Association between health and academic success

- Students learn best when they are healthy
  - Physically
  - Mentally
  - Spiritually
- Students learn best when they are present
- Students learn best when they are connected to the school emotionally and socially
- Students learn best when there is hope

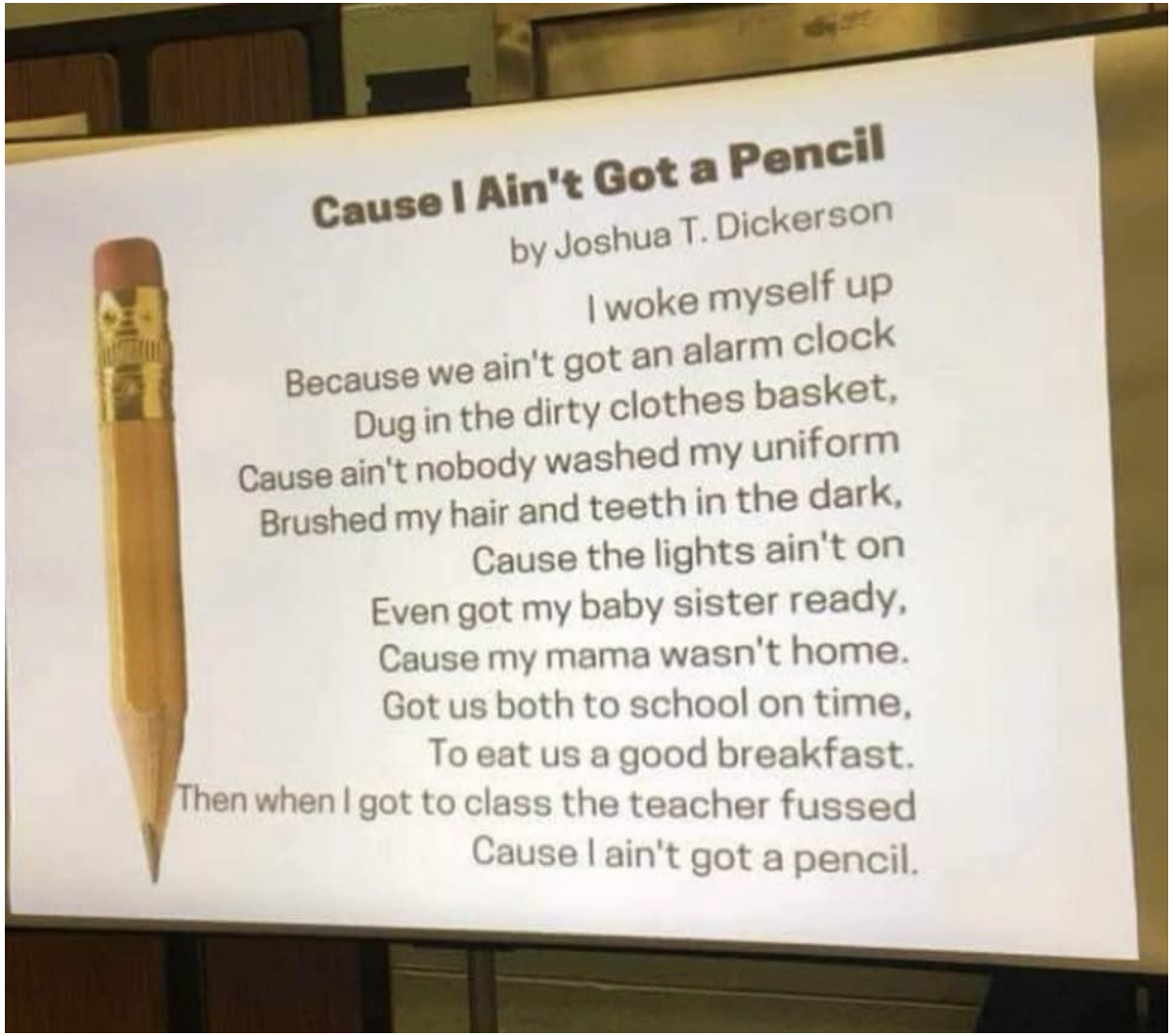
Health (Physical, Social, and Emotional)



Health (Students and Teachers)



School Connectedness



The National Association of State Boards of Education . . .

"Health and success in school are interrelated. Schools cannot achieve their primary mission of education if students and staff are not healthy and fit physically, mentally, and socially."

— Fit, Healthy, and Ready to Learn: Part 1 – Physical Activity, Healthy Eating, and Tobacco Use Prevention, 2000

Health and Education

What we know…

- School health programs and policies can be an efficient way to prevent or reduce risky health behaviors and avoid serious health problems among students.

- They may also help close the educational achievement gap between disparate socioeconomic groups of students.

SBHC's…

Best model of healthcare for children and adolescents living in under-resourced communities

- Essentially eliminates every barrier to healthcare (i.e. , access, cost, transportation, parents' inability to take leave from work, and a caretaker's inability to prioritize the health needs of their children)
- Creates a system of care commensurate with the multifaceted challenges that children face
- Effective in addressing health disparities in the context of **the social determinants of health**

Strengthening the Health of Students

Social Determinants of Health

Definition:

The economic & social conditions that influence health …

'The conditions in which people are born, grow, live, work and age.'

Figure 1

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social Integration	Health Coverage
Income	Transportation	Language	Access to Healthy Options	Support Systems	Provider Availability
Expenses	Safety	Early Childhood Education		Community Engagement	Provide Linguistic and Cultural Competency
Debt	Parks	Vocational Training		Discrimination	
Medical Bills	Playgrounds	Higher Education		Stress	Quality of Care
Support	Walkability				
	Zip Code/ Geography				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

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Social Determinants…

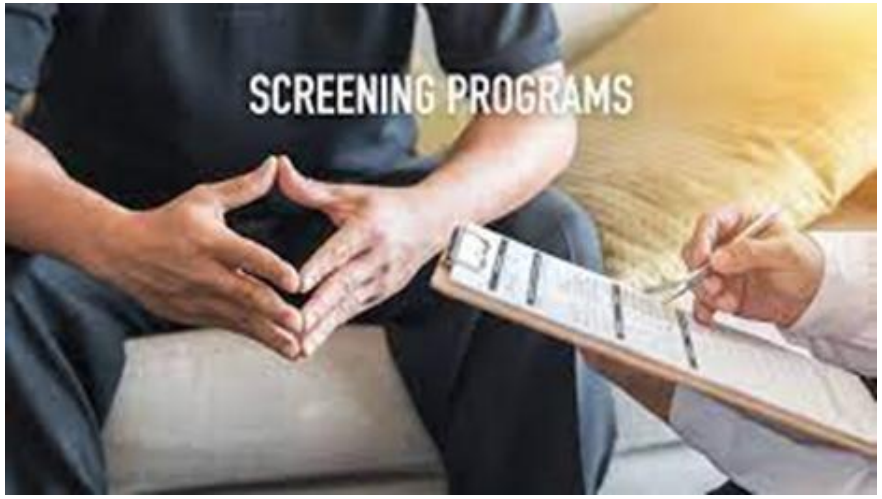
- SBHCs are ideal settings for observation, screening, and addressing social determinants.

Observations

- Model of healthcare where we can view children in a three-dimensional context:
  - Home and family (interaction with family members)
  - School (interaction with teachers and staff)
  - Community and Peers (interaction with peer and community members)

Screening

- Identify the problems through screenings
  - ‘Ask the questions’
    - Routine well-child visits
    - Sports physicals
    - Acute visits
    - Targeted grade levels
  - Determine the level of risk



This clinic is dedicated to providing the best possible care for your child. In order for us to serve you better, please take a few minutes to answer the following questions. Your answers will be kept strictly confidential as part of your child's medical record. **If more than one of your children is being seen today, you only need to fill out this questionnaire once.** Please circle your answer.

1. Are you the child's Mother, Father, Grandparent, Foster parent
Other relative Other_____

2. What is the highest grade you completed? 1 2 3 4 5 6 7 8 9 10 11 12 High School GED
Some College or Vocational School College grad or above

3. Does this child live primarily in your home?
Yes No

4. Does your income support your family's basic needs?
Yes No

5. Do you have any major housing problems?
No Currently homeless At risk of losing housing Unhealthy conditions in home

6. Do you worry that your environment is not safe for your child?
Yes No

7. Within the past 12 months have you worried that your food would run out before you got money to buy more?
Yes No

8. Within the last 12 months, did you run out of food before you could get money to buy more?
Yes No

9. Where do you get emotional support? (Circle all that apply)

Family, Friends, Faith, or religious group

Other _____ No support

10. Over the last 2 weeks, how many days have you felt down depressed or hopeless?

A) No days B) Several days C) More than half the days D) Nearly every day

11. Over the last 2 weeks, how many days have you felt almost no interest or pleasure in Doing things?

A) No days B) Several days C) More than half the days D) Nearly every day

12. In the past year, has your partner or other family member pushed you, punched you, kicked you, hit you, or threatened to hurt you?

Yes No

13. Do you worry that your child has been physically or sexually abused?

14. Do you or your partner have a drinking or drug problem?

Yes No

15. Have you tried to cut down on alcohol in the past year?

Yes No Don't drink

16. How often do you spank your child?

A) Not at all B) Once in a week or less C) Many days D) Nearly every day

Intervention

"An Expanded Role" for the SBHC

- **Identify and address the problems**
  - Screen for risk factors
  - Identify resources and refer
  - Promote parental involvement and empowerment
- **Advocate for system changes**
  - Community based initiatives
  - Family support agencies/organizations
  - Policy makers
- **Provide leadership in health reform**
  - Locally, state-wide, nationally

Intervention…

- **Identify and coordinate resources for intervention**
  - **School-based**
    - Food pantries
    - Clothing closets
    - School Supplies
  - **Community-based**
    - Food Pantries
    - Job assistance
    - Housing support
    - Social Service Agencies
    - After – School Programs
  - **Create a referral resource guide**

Parental Engagement and Empowerment

- SBHCs can facilitate parental involvement
  - Neutral Space
  - Trusted and valued partner in their child's health
  - Focus on the whole child – 2 generational approach
    - Address the needs of the child and care-giver
  - Moderate parent-teacher interactions
  - Support parents in the educational process
    - IEPs and 504
  - Encourage parents to be more proactive and engaged in school activities
    - PTA
    - School trips
    - Fund Raising

Advocacy

The pediatric medical provider is the quintessential advocate for children and their families.

'The reason that advocacy is so much embedded in the work of pediatrics is that children have little political voice of their own and rely on the proxy voice of others including pediatricians (and other pediatric providers) to speak out on their behalf. This voice is so important because of the overrepresentation of our children among the poor and underserved. It should be stated that the "shared voice" of pediatrics has been heard throughout our history—speaking on behalf of all children'.

- *https://publications.aap.org/pediatrics/article-abstract/112/2/406/63272/Pediatric-Advocacy-Yesterday-Today-and-Tomorrow*

Advocacy

- Priorities:
  - Improved educational opportunities
    - School Staff support – teachers, school nurses, counselors, etc
    - Educational supplies
    - Adequate and safe facilities
    - Expanded curriculum (arts, foreign languages, etc.)
    - Early childhood education (preschool)
  - Strong community resources
    - Afterschool programs
    - Social Service supports
    - Safe and Affordable Housing
    - Job Opportunities for caregivers and students

Advocacy

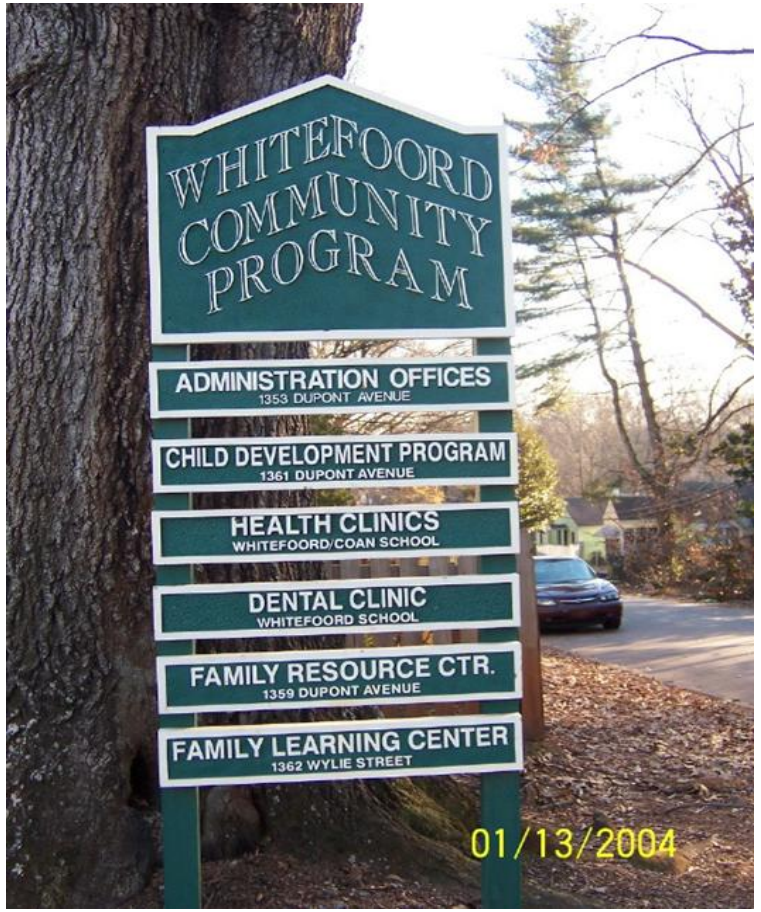
- Priorities:
  - Policies that address the needs of students
    - School District
      - Exclusionary Disciplinary policies (suspensions, expulsio
      - Recess restrictions
      - Wrap Around resources
      - Extracurricular Activities (Sports, clubs, etc.)
    - State and local level
      - School funding
      - **Vaccine requirements for school entry**
    - National level
      - Funding
      - School Meal Programs

Whitefoord Community Program

- An example of how to leverage a SBHC to assess, identify, and address the social determinants of health.
- The SBHC was the anchor of the program.
- Collaborated with the parents, school and community to identify not only healthcare needs of students, but gaps in service for students and their family.

Whitefoord Community Program

- Community-based, community-driven organization that strives to empower residents of the Edgewood community to take charge of themselves, their children, and their community.
- Mission: …'working together with families and the community to ensure that every child has what he or she needs to succeed in school'.
- Purchased 5 houses across the street from the school to house the program.



School-Based Clinic at Whitefoord Elementary

Ribbon cutting ceremony for clinic in 1994 with Dr. Brumley, Dr. Veda Johnson and Atlanta Public School leaders

Planning-Needs Assessment

- Increased access to quality medical care targeting:
  - Asthma
  - Diabetes
  - Obesity
- Increased access to resources to minimize:
  - Youth violence
  - Teen Pregnancy
  - Substance Abuse
  - Mental Health Disorders

Needs Assessment…

- Early Childhood Education
- Afterschool Programs
- Adult Literacy and GED instruction
- Increased Family Support Services
  - Social Services
  - Parenting
  - Adult Counseling

Implementation

- Collaborated with schools, parents, community leaders, community agencies, and potential funders to develop program(s) to address needs

- Established advisory committees within schools and community to monitor and evaluate effectiveness of programs

- Recruited community members onto Board of Directors to participate in governance of organization

Accomplishments

- Increased access to physical, mental, and dental health care
- Improved school attendance/?performance
- Improved health outcomes for children with chronic illnesses (e.g. asthma, diabetes)
- Reduced cost to the state's Medicaid program
  - Reduced ER use and hospitalization of students with asthma

Accomplishments…

Facilitated the recovery of many emotionally troubled children.

- Provided counseling and safe spaces
  - Pre-K program
  - School aged children and adolescents

Improved the academic achievements for children with ADHD and Learning Disorders.

- Reduced the referrals of children with ADHD into Special Education programs.

Improved school readiness for hundreds of preschoolers through the NAEYC accredited Early Learning Center

Increased parental involvement and empowerment

- Witnessed several challenged families assume proper responsibility for their children

Created safe spaces for students through the Afterschool Programs (Intel Computer Clubhouse, Biking Program)

Strengthening Student Health through SBHCs

Takeaways:

1. SBHCs are the best model of healthcare for children living in under resourced communities
   - Provides comprehensive, quality healthcare; eliminates barriers to care; and provides care in the three-dimensional context of the 'whole child'.
2. SBHCs are ideal settings to fulfill the 5 promises required for children to reach their full potential as they aspire to attain the American dream of happiness, self-fulfillment and self-sufficiency.
3. SBHCs are ideal settings for addressing the social determinants of health in a Two-Generational approach –child and family.