

Transforming Student Wellness Through School–Health Care Collaboration

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Continuing Education Credits

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This series is intended for Dentists, Nurses, Nurse Practitioners, Pharmacists, Physicians, Physician Assistants, Psychologists, Registered Dietitians, and Social Workers.

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Learning Objectives

- The Participant will explore examples of school–health system partnerships to identify at least two specific ways how the partnerships improved student health or school attendance outcomes.
- The Participant will create a simple plan for a school–health partnership by listing key partners, shared goals, and steps to get started in their own district or community.

What Gets in the Way of Student Health?

- Limited access to care
- Fragmented systems
- Missed school days
- Unmet mental & behavioral health needs



Health, Attendance, and Equity Are Connected

- Attendance is a leading indicator
- Chronic absenteeism impacts outcomes
- Access to care affects attendance



From Services → Systems

- Providing care → Building partnerships
- Aligning education and health systems



Three Models That Drive Impact



Embedded Care



Connected Care



Data-Driven Intervention

Model 1: Embedded Health Care in Schools

- 17 sites
- Physical, behavioral, social health services
- Located in schools



This Is Not a Clinic—It's Integration

- Daily school presence
- Participation in school teams
- Support registration and compliance



What This Model Changes



- Increased access
- Reduced missed class time
- Stronger relationships

Model 2: Real-Time Clinical–School Connection

- Secure portal
- Shared care visibility
- Real-time coordination



School Nurses as Clinical Partners

- Access to care plans
- Direct communication
- Enhanced school care



Case Example: Asthma Self-Carry

- Student education
- Inhaler training
- Reduced missed class time



Case Example: Project ADAM

- Emergency response teams
- Staff training
- Preparedness



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Model 3: Attendance as a Health Indicator

Attendance reflects health
Equity implications

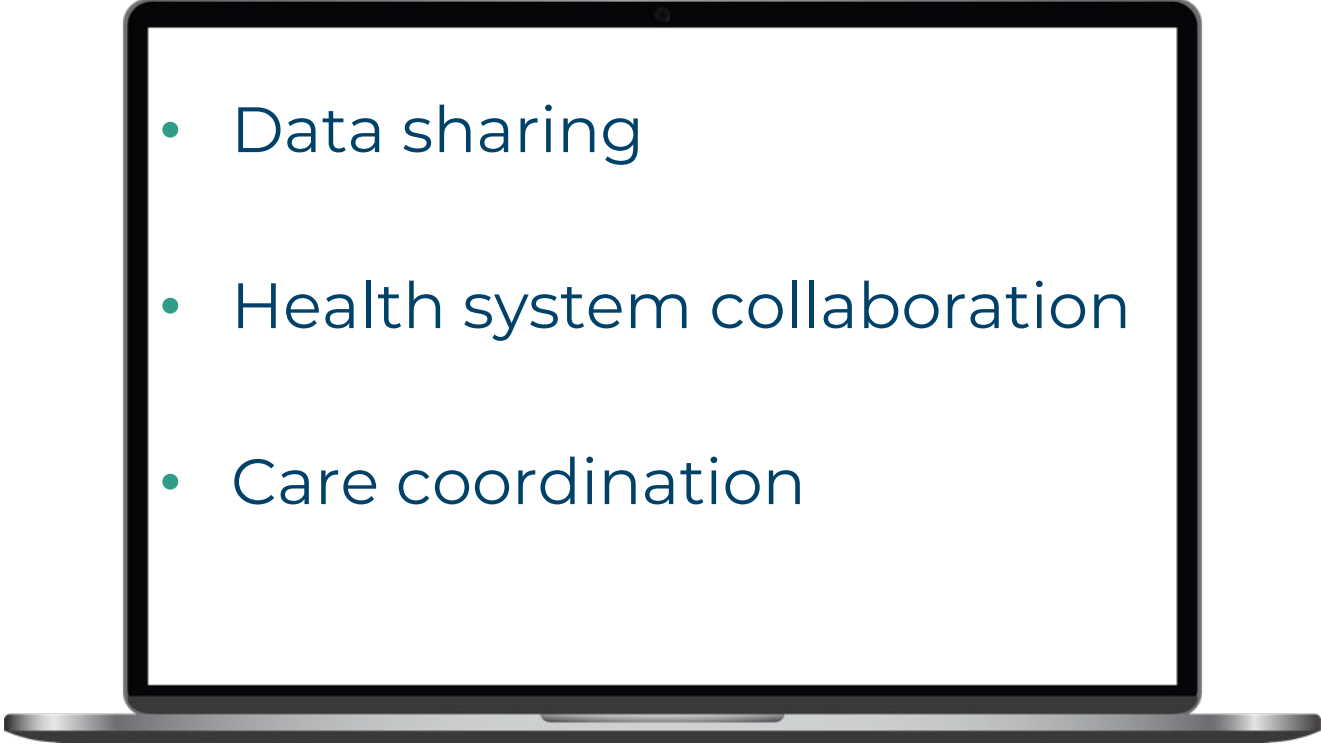
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Introducing DASH

- Attendance alerts
- IEP/504 awareness
- Care coordination



How It Works

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- Data sharing
 - Health system collaboration
 - Care coordination

Why This Works

1

Early
intervention

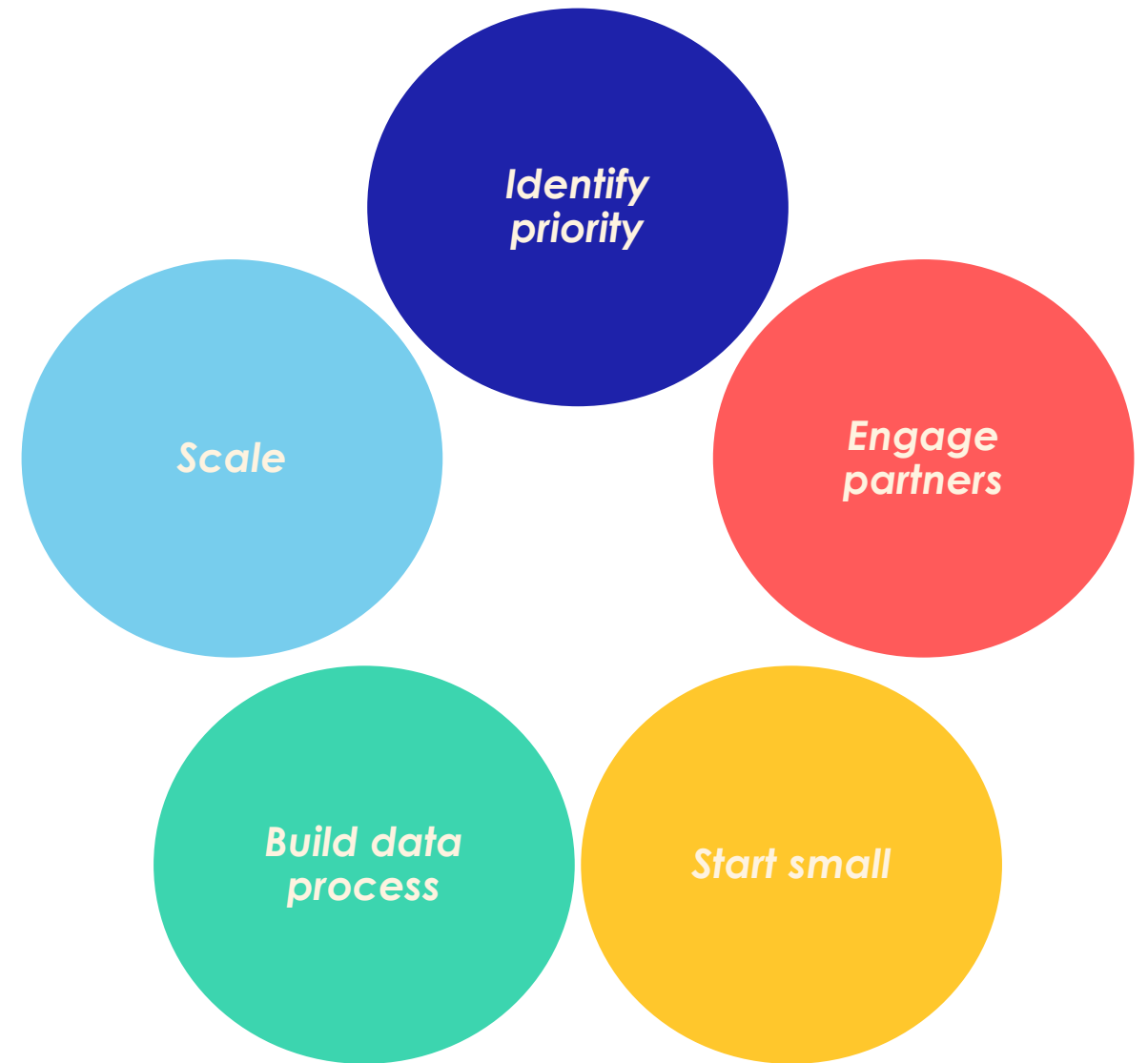
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Targeted
outreach

3

Aligned
systems

How to Start a School–Health Partnership



Design Your First Step



Who are your partners?



What is your goal?



What is one action?

What Makes This Work Hard



FERPA vs HIPAA



Data sharing



System alignment



Resources

The Impact of Partnership

- Improved access
- Better attendance
- Stronger outcomes
- Equity





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This Work Requires WE

Breaking silos
Working together
Changing outcomes

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Questions?

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Case Study: Reducing Missed Instructional Time

- Student frequently missing class due to asthma
- No coordination between school and healthcare provider
- Limited student self-management
- Discussion:
 - What is the root problem?
 - Who needs to be involved?
 - What would you try first?

Case Study Solution: Asthma Self-Carry Model

- Partnership between school, Nemours, and American Lung Association
- Student training on inhaler use
- Family engagement and education
- Result: Increased independence and reduced missed class time

Case Study: Chronic Absenteeism

- Student missed 12+ days
- Known anxiety and asthma
- No coordinated response between school and healthcare
- Discussion:
 - What data would you want?
 - Who should respond first?
 - What system breakdowns do you see?

Case Study Solution: DASH Model

- Attendance alerts triggered (3-day / 10-day)
- Data shared with care coordinators
- Targeted outreach to family
- Result: Early intervention and improved attendance

Design Your School–Health Partnership

WHO: Key partners

WHAT: Shared goal

FIRST STEP: One action

Take 5–10 minutes to sketch your starting point