Opportunities for Improved Health Service Delivery
Healthcare Commission Ideas for Governor Freudenthal
June 29, 2005

Extend the Healthy Living/Healthy Learning Program
(This program mirrors the McComb model)

1) What is the problem?

- **a)** Many school students are unable to achieve their full potential academically. The reasons for this vary widely, but physical and mental health issues are clearly a contributing factor.
  - **i)** Tobacco use decreases attention span and concentration - 18.9% of Wyoming teens have at one point in their lives smoked cigarettes daily.[1]
  - **ii)** Poor nutrition decreases cognitive functioning and performance in the areas of language, concentration, and attention. 12.7% of Wyoming teens went without eating for 24 hours or more in the past month.[1]
  - **iii)** Students who reported getting mostly D's or F's were 20% more likely to report symptoms of depression.[1]
  - **iv)** Students who reported getting mostly D's or F's were 21% more likely to report alcohol use, and 36% more likely to report marijuana use in the past 30 days.[1]
- **b)** In many areas of the state valuable physical health, mental health and social service programs exist to help students address the myriad of issues that prevent them from reaching their full potential, but the programs are not well coordinated. This leads to service gaps and individuals "falling through the cracks."
  - **i)** 28.6% of individuals identified by their school districts as serving in a school health coordinator role indicated that coordination for school health programming did not exist in their districts.[2]
  - **ii)** 42% indicated that policies supportive of a coordinated approach to school health do not exist in their districts and 51% of respondents indicated that their school district did not have a school health advisory council/committee.[2]
- **c)** Prevention is the best and primary way to reduce the incidence of addictive and chronic diseases.[3]
- **d)** Long-term prevention appears to be best accomplished by the development of a community-school based health, wellness and safety model that addresses preventable risk factors in each of the 5 social settings: family and community, school, health care, media and communications and worksites.[4]

2) Describe your ideas.

- **a)** Add all willing Wyoming school districts and communities to the Wyoming Department of Education's Healthy Living/Healthy Learning Program.
  - **i)** 19 districts in Wyoming submitted letters of intent for Wyoming Department of Education funding to pilot the program in 2004, and 6 were funded.

3) Who are your partners?

- **a)** The Wyoming Department of Education (administers the Health Living/Healthy Learning Program)
- **b)** The Wyoming Department of Family Services (funding partner, coordinate resources and programs)
- **c)** The Wyoming Department of Health (funding partner, coordinate resources and programs)
- **d)** Local School Districts (set priorities and support the program)
- **e)** Communities (set priorities and support the program through resource donations)
- **f)** Federal Government (assists with funding)

4) Please provide supporting evidence and data for the proposal.

a) The Healthy Living/Health Learning program is modeled after a program in McComb, MS, that demonstrated dramatic results. In McComb, early intervention and assessment of a child's readiness to learn ensures that all children are prepared for their formal education and gives them the means for a successful school experience.[5] McComb school district's graduation rate has increased to 91 percent, teen pregnancy and crime are dramatically reduced, and campuses are tobacco free. Nutritionally balanced, appetizing food is served in the schools and most children participate in the school lunch program. Children have physical education every day. McComb achieved its results by combining funding sources from local, state, federal and private granting sources and allocating the funds based upon the nine components. A key to their success was enrolling all eligible students in Medicaid or the SCHIP programs. The school district health clinics in McComb are Medicaid providers and bill Medicaid for covered services.

b) In Wyoming, some of the early indicators of success at the pilot sites include:

- **i)** The opening of the only school-based health center in the state of Wyoming in Fremont County School District #14-Ethete (in partnership with Indian Health Services)
- **ii)** The development of a school-community partnership for screening and treatment of student mental health needs between Converse County School District #1 (Douglas) and Eastern Wyoming Mental Health Center
- **iii)** The development of a partnership between Park County School District #16-Meeteetse and Cedar Mountain Center in Cody to address student substance abuse and counseling needs
- **iv)** The adoption by Fremont County School District #25--Riverton--School Board of a comprehensive nutrition policy governing the nutritional quality all foods on school campuses (including vending, fund-raising, and school food services)
- **v)** The partnership between Sheridan County School District #2, dentists, and Sheridan's Center for a Vital Community to provide dental screening, treatment and a preventive sealant program
- **vi)** The hiring of an intervention counselor by Powell Middle School, a Healthy School Team Site in Park County School District #1, for the 2005-2006 school year to provide behavior modification, conflict resolution, group counseling, and coordination of community resources to meet the needs of students and their families

5) Funding/Staffing needs.

a) Each community added to the Healthy Living/Healthy Learning Program would cost $65,000 per school district per year. To include all 48 school districts, including the 6 pilot sites whose funding expires at the end of this fiscal year, would require $3.12 million. This is based upon the cost of hiring school health coordinators. Since this is a voluntary program, it is unlikely that the full amount would be required in the first year and it is also possible that some smaller districts could join efforts with neighboring districts, thus decreasing the funding requirements.

b) To support evaluation and coordination of the program at the state level, provide a program administration budget to the Department of Education at $130,000 per year (consultant salary range $40-45K/year; data technician $30-$35K per year X 33% benefits; training $25,000).

c) To support on-site technical assistance, training for school districts, and community-based resources, provide funding for five regional coordinating centers at $300,000 per year.

d) The Wyoming Healthcare Commission recommends committed, long-term funding (12- 15 years) for community-school based health, wellness and safety model programs to affect a generational change and document results.

6) Who is better off and how could you measure the improvement?

a) Improving the educational achievement level of Wyoming students has a myriad of benefits related to job performance, earning potential and overall quality of life for the individual and the community.

b) Many studies have shown a nexus between higher education levels and higher health status.

c) In the long term Medicaid expense would be reduced.

7) Could this proposal be included in the Children and Families Initiative?

a) The result should include improved health status for children and adults. It will also address the need to ensure students are successfully educated and prepared for life's opportunities (CFI goal #5). It is the understanding of the Wyoming Healthcare Commission that the Children and Families Initiative is also supporting the expansion of this program to all school districts in the state.

8) Potential drawbacks and political considerations.

a) The primary political consideration is that asking schools to increase health programming in light of their responsibilities to improve academic performance can be a hard sell. Many feel over-burdened, and some feel that we are asking them to do more than they are capable of and perhaps more than they should (parental responsibility, community agency responsibility). Counter arguments:

- **i)** Students must be healthy to learn, by providing coordinated school health, schools are assuring that they have the learning supports in place they need to close achievement gaps and helps students attain academic success.
- **ii)** In general we are not asking schools to bring on additional programs, just to coordinate the services they are already providing internally (through the healthy school team), and establish relationships with community agencies externally (through the district school health council) to assure coordination of services, and address gaps and duplication, so that student needs are met in a coordinated fashion. Currently, there are a lot of services available, but they often operate in isolation, so are not as effective.

b) Finding appropriate staff for the program in each district may be difficult. To make this program work the person must be a passionate advocate, willing to do what it takes to convince and cajole others in the community to gain cooperation/buy-in.

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[1] Wyoming 2003 Youth Risk Behavior Survey, Sunny Kaste, School Health Programs Supervisor, Department of Education

[2] The 2002 Wyoming School Health Coordinator Survey*,* Sunny Kaste, School Health Programs Supervisor, Department of Education

[3] "Enabling the Nation's Schools to Help Prevent Heart Disease, Stroke, Cancer, COPD, Diabetes and other Serious Problems," *Public Health Reports*, May-June 2004.

[4] Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services program guide, *School Health Index for Physical Activity, Healthy Eating, and a Tobacco-Free Lifestyle: A Self-Assessment and Planning Guide*

[5] Patrick B. Cooper, Ph.D., "Our Journey to Good Health," *The School Administrator,* January 2003, pp. 20-27.