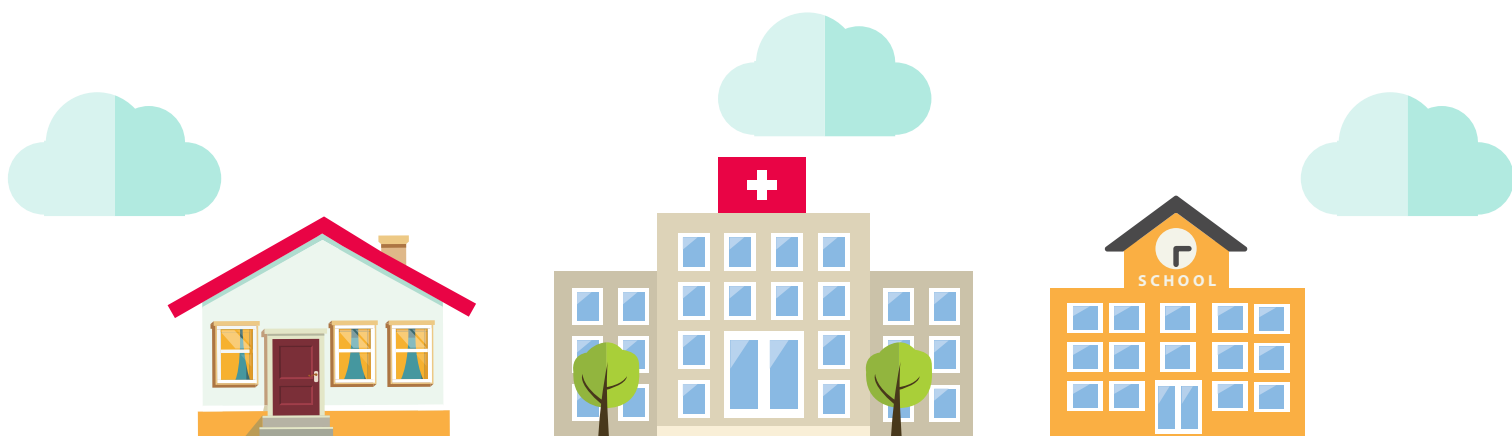




SCHOOL-FRIENDLY HEALTH SYSTEMS

Case Examples

Core Principles and Practices to Guide Health
Systems to Help Children Reach Their Full Potential



SCHOOL-FRIENDLY HEALTH SYSTEMS' PURPOSE AND HISTORY

Healthcare organizations are transforming the way they approach medicine by focusing on nonclinical needs like housing, food and education. Education is a critical social determinant of health and has long-term effects on children's health and economic outcomes. As students, educators, families and pediatricians face the ongoing challenges beyond the COVID-19 pandemic, it is critical for the health and education sectors to align efforts and drive innovative programs and policy change efforts to address the needs of children.

Partnering with schools in a health system's local service area can improve service delivery to the students receiving care from the health system as well as help strengthen overall student performance.

A School-Friendly Health System is a health system working to ensure all children achieve optimal health and reach their full academic potential.

Given the fundamental interrelation of health and education, it is essential that hospitals and healthcare organizations have a holistic framework to guide their school partnerships and other efforts to make a positive impact on patient and family engagement, healthcare costs, health outcomes and, ideally, patients' learning experience.

In 2019, Children's National Hospital in Washington, D.C., launched an initiative to articulate the principles of a school-friendly health system (SFHS)—an initiative to help health systems support children and families from early childhood through high school and beyond. The SFHS initiative builds upon lessons learned from nationally recognized baby-friendly hospitals and age-friendly health systems initiatives.

“SFHS is a needed framework to ensure we are maximizing our cross-sector partnerships to improve student health.”

– SFHS Learning Collaborative Participant

Hospitals and health systems pledging to become school-friendly have made a commitment to actively help children achieve optimal health and reach their full academic potential. With input from expert stakeholders—including pediatricians, educators, school administrators, school nurses, families and community health experts—Children’s National put together the [Principles and Practices of a SFHS in 2021 and updated it in 2023](#).

SFHS LEARNING COLLABORATIVE LAUNCH

In 2022 an SFHS Learning Collaborative was launched, bringing together seven children’s hospitals and a community health center that are leading and coordinating school health programs and initiatives across the nation. The eight organizations have expressed interest in piloting the SFHS framework with school districts and helping to refine the SFHS principles and practices.

This document focuses on SFHS case examples, which highlight how the five core SFHS principles and accompanying practices are being applied, and identifies challenges and opportunities to help children reach their full potential.

The SFHS Learning Collaborative is being led by Children’s National and facilitated by RESOLVE, a Washington, D.C.–based nonprofit specializing in collaborative process design. We are grateful for the healthcare organizations and partners who attended and contributed to our 2022–23 SFHS Learning Collaborative meetings. This effort would not be possible without the guidance and support of RESOLVE, many partners and our funders—Children’s National and Kaiser Permanente. For more information on the SFHS Initiative, contact schoolpartnerships@childrensnational.org.



Children’s National.

RESOLVE

AWARENESS PRINCIPLE



SCHOOL-FRIENDLY HEALTH SYSTEMS ARE FAMILIAR WITH, AND RESPONSIVE TO, THE CULTURE, POLICIES AND NEEDS OF THE SCHOOL SYSTEMS AND STUDENT POPULATIONS THEY SERVE.



What this looks like at the organizational or systems level for Children's Mercy Kansas City (Kansas City, Missouri):

Children's Mercy Kansas City serves more than 430,000 children across two states in 43 traditional public districts, 22 charters, and more than 31 private/parochial schools and 100+ early childhood centers.

At the systems level they aim to be responsive to the culture, politics and diverse needs of the school systems

and student populations they serve. Children's Mercy Kansas City colleagues completed an internal needs assessment to determine a baseline for their organization's "awareness" of engaging the local school systems. They compiled information into a catalogue of school health programs and initiatives led by Children's Mercy Kansas City so schools know where to go with requests for programs and initiatives.

Outcomes to Date

- ✔ Presented to hospital leadership on the importance and intersectionality of health and education and expanding knowledge on the complex educational geography and historical context of segregation.
- ✔ Increased visibility of school data, utilizing chronic absenteeism data and average ACT scores overlapped with public health insurance data, organized by school district, to guide decisions and conversations on school-based programming.

For More Information

- **Emily Thorpe**, Program Manager, School-Based Health Initiatives, ethorpe@cmh.edu
- **Amanda Deacy**, Licensed Psychologist, addeacy@cmh.edu
- <https://www.childrensmercy.org/in-the-community/supporting-our-schools/school-health-support/>

GROWING AWARENESS



Objective(s):

To become familiar with and responsive to the culture, policies, and needs of the school system and student populations they serve.



Key Performance Indicators:

1. X% of faculty and staff will have completed and/or been exposed to available trainings and resources by [date].
2. Increase telehealth, school-based, or other care alternatives by X% by the conclusion of the SFHS pilot.
3. Increase average "Awareness" score to 4 (of 5) on the internal needs assessment.



Initiatives:

1. Complete an internal needs assessment to determine a baseline of our organization's "Awareness."
2. Develop Cornerstone and other training experience/opportunities for providers and staff on key educational topics.
3. Complete an external needs assessment of local, partner schools.
4. Create a School Nurse advisory council.
5. Maintain (and increase) telehealth and school-based care delivery alternatives.
6. Develop a database/mechanism for communication and data sharing.
7. Match needs identified through assessments with existing or future programming/resources.



What this looks like at the program/programming level for Children's Nebraska (Omaha, Nebraska):

Children's Nebraska is the only full-service pediatric health system in Nebraska, and takes care of children from more than 95% of Nebraska counties each year.

Children's Nebraska formed a close partnership with the Nebraska Department of Education (NDE) by co-locating staff in the Office of Coordinated Student Support Services to strengthen awareness in schools for physical and mental health supports. Across the state of Nebraska, schools have a diverse set of needs unique to each school district, and Children's Nebraska

provides specialized training and support for school nurses, social workers and counselors across the state. Children's Nebraska staff help to support the Centers for Disease Control and Prevention's Whole School, Whole Community, Whole Child (WSCC) model by becoming experts in the areas of health services and school social work support.

“We are the bridge between the educational world and the medical world. The medical providers can come to us to work with the education sector and the schools can come to us to reach providers to address student needs.”

*- Kim McClintick, School Health Coordinator,
Children's Nebraska*

Outcomes to Date

- ✔ Children’s Nebraska established with NDE three collaborative positions, all Children’s Nebraska employees with funding support from NDE: school health nurse coordinator, school health liaison/state nurse consultant and school social work coordinator.
- ✔ Implemented behavioral and physical health professional development, partnership building and resource development, communicating through a shared **School Health Services website**.
- ✔ Launched a **School Health Learning Collaborative** in 2020 during the COVID-19 pandemic that met biweekly for Nebraska school partners; hosted 35 sessions over three school years, covering a variety of physical and mental health topics; provided 888 Certified Nurse Educator (CNE) credits in school years 2021–22 and 2022–23, and had approximately 283 unique individuals attend in the current school year.

For More Information

- **Holly Dingman**, Director of Community Health & Advocacy, hdingman@childrensnebraska.org
- **Kim McClintick**, School Health Coordinator, kmclintick@childrensnebraska.org
- www.childrensnebraska.org

Recommendations

- Hire staff who have worked in a school environment and can communicate a common language.
- Focus on state-level partnership development and alignment to enhance local implementation efforts.
- Be respectful of school districts’ barriers and limitations.
- Develop organizational communication channels for ideas around school-related initiatives.
- Build infrastructure with a central process and oversight for existing school health programs and initiatives.

LESSONS LEARNED

Statewide: 

- Form partnerships to develop trust.
- Address lack of resources in rural communities.
- Understand access issues in medically underserved communities.

Needs: 

- Survey staff (administrators, nurses, social workers, etc).
- Identify gaps.
- Create a shared plan based on challenges.

Strengths: 

- Strong partnership and trust with NDE.
- Relationship building with schools due to Children’s and NDE partnership.
- Access to physical and behavioral health expertise at Children’s.

ALIGNMENT PRINCIPLE



SCHOOL-FRIENDLY HEALTH SYSTEMS HAVE A COHESIVE STRATEGY FOR COLLABORATING WITH SCHOOLS AND COMMUNITIES THAT ALIGNS WITH THOSE PARTNERS' NEEDS AND GOALS.



Kids deserve the best.

What this looks like at the program/programming and organizational or systems levels for Children's Wisconsin (Milwaukee, Wisconsin):

Children's Wisconsin partners with K-12 educators across the state of Wisconsin to provide programming and resources at no charge that support health education, mental and behavioral health, and advocacy and initiatives for educators, students, families and school communities.

In order to advance the hospital's school health strategy at the systems level, Children's Wisconsin conducted a scan to understand what organizational structures and supports are present to coordinate and advance efforts. Strategic areas that support school health work

include health equity, connected care and early intervention and prevention. Children's Wisconsin launched a School Health Collaborative in 2018 to improve the alignment and coordination of school health programs and efforts.

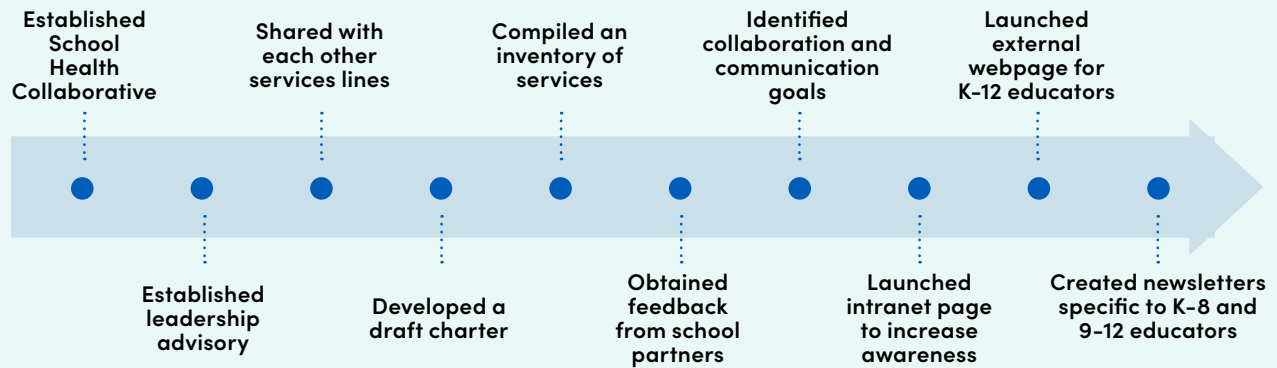
“The biggest benefits of having an SFHS from the school’s standpoint are around sustainability and alignment. I have found working in the school space that so many well-intentioned clinicians and health partners drop in to schools with a health-only mindset, thinking about health goals and meeting health needs. The benefit I see of an SFHS is thinking intentionally and in an integrated way around what are the goals that we have together and what are the needs of the school and around the school community, including around their academic attainment goals? Coming in with some humility and thinking about the school priorities drives impact and sustainability.”

- School District Leader

Outcomes to Date

- ✔ Children’s Wisconsin’s Community Health and Education department identified areas where the health system’s strategic plan aligns with SFHS principles, providing support for continued integration of principles.
- ✔ The School Health Collaborative has improved cooperation and communication between school-based clinical and nonclinical programs to increase awareness and increase reach to schools.
- ✔ Interoperability of electronic health records (EHRs) among school-based clinical/community services and clinic-based clinical services allows for safe, effective and patient-centered care for all students.
- ✔ Providing both direct clinical services and prevention/early intervention programs and services to schools can have a positive impact on students’ health outcomes and school culture.

SCHOOL HEALTH COLLABORATIVE



Collaboration
 Recommend processes and work flows to promote coordination among programs.

Communication
 Establish shared presence and communication strategy to increase awareness and reach.



For More Information

- **Bridget Clementi**, Vice President of Community Health and Education, Children’s Wisconsin, bclementi@childrenswi.org
- [Childrenswi.org/schoolhealth](https://childrenswi.org/schoolhealth)

Recommendations

- Conduct regular stakeholder (internal and external) assessments to gather diverse viewpoints regarding the roles the health system could have in the school setting.
- Gather information on how school programs and initiatives are funded and potential gaps in order to inform and develop a strategic approach to school-facing programs, services and initiatives.
- Invest in data-systems infrastructure and operational staff to organize school health programming in order to integrate outcomes across the education and health sectors.
- Think about sustainability on day one and how other health systems’ programs or initiatives could utilize stakeholder assessments.

SCHOOL HEALTH COLLABORATIVE PROGRAMS AND SERVICES

- ✓ Asthma prevention & intervention
- ✓ Athletic training services
- ✓ Bullying prevention & violence intervention services
- ✓ Child sexual abuse prevention
- ✓ Children and youth with special health care needs
- ✓ Community schools
- ✓ Concussion training
- ✓ COVID-19 and flu resources
- ✓ Educational achievement partnership
- ✓ Medicaid HMO services (Chorus)
- ✓ Medical directors in school districts
- ✓ Mental & behavioral health services
- ✓ Nutrition and physical activity
- ✓ Online K-12 health education
- ✓ Oral health
- ✓ Parent and caregiver resources
- ✓ Patient classrooms
- ✓ Positive parenting and family strengthening
- ✓ Project ADAM
- ✓ Safety and injury prevention
- ✓ School nursing
- ✓ Sports medicine
- ✓ Substance use prevention and education

ACCESSIBILITY PRINCIPLE



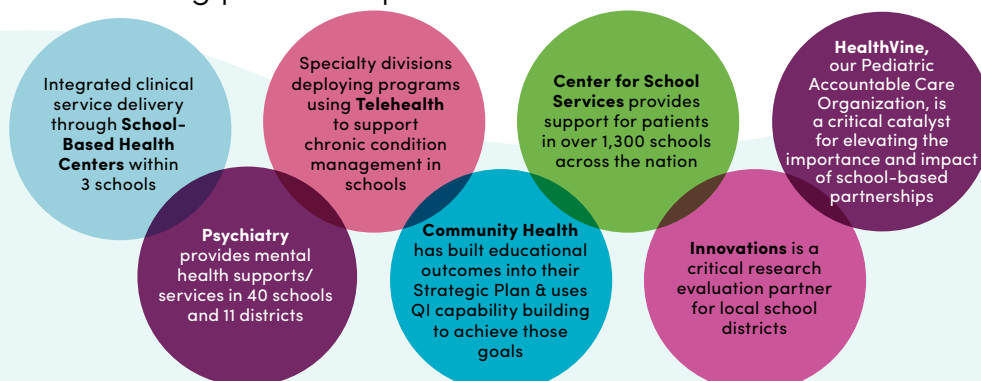
SCHOOL-FRIENDLY HEALTH SYSTEMS MAKE THEMSELVES ACCESSIBLE TO SCHOOL PARTNERS AND COLLABORATE WITH THOSE PARTNERS TO OPTIMIZE STUDENTS' LEARNING EXPERIENCE.



What this looks like at the organizational or systems level for Cincinnati Children's Hospital Medical Center (CCHMC) (Cincinnati, Ohio):

Cincinnati Children's Center for School Services and Educational Research and its Population Health Program are collaborating to support the implementation of a coordinated school strategy that leverages existing internal and external partnerships to improve access for patients, families and school partners for school-related needs.

Some of the existing partnerships include:



By developing a “front door” point of entry for receiving and managing requests for school-related needs, the Center for School Services and Educational Research has been able to streamline connection to CCHMC

resources—whether those needs are in the hospital, in the school or in the community. Cincinnati Children’s has connected with and supports more than 1,300 schools across a tri-state (Ohio, Indiana and Kentucky) region.

The graphic titled "School Request Form" illustrates the structure of the form. It features three main sections: "Who is making the request?" (blue), "Where is the request coming from?" (purple), and "What is the request?" (pink). Each section is accompanied by an icon: a person for the first, a school building for the second, and a checklist for the third. To the right, three dropdown menu options are shown, each with a list of choices: "Who is making the request?" includes School nurse, School psychologist/counselor, Administration/District Personnel, Teacher, and Other; "Where is the request coming from?" includes School, Hospital/Organization, Outside Agency, and Other; "What is the request?" includes Professional Development, School Based Health Clinic, Resources, Data, and Other. The Cincinnati Children's logo is at the bottom right.

Outcomes to Date

- ✓ The “front door” has created a single access point for schools to connect and collaborate with Cincinnati Children’s.
- ✓ Cataloging requests, resources and school-related information has streamlined access for internal clinical providers trying to understand and address special education and other health-related school needs.

For More Information

- **Patty Dillhoff**, Director in the Center for School Services, patricia.dillhoff@cchmc.org
- School_services@cchmc.org



What this looks like at the provider and program/ programming levels for St. Luke's Health System (Boise, Idaho):

St. Luke's Mobile Care unit was launched in 2019 to bring services directly to children at schools.

The Mobile Care program addresses rural community physical and mental health needs, which includes coverage for Title 1 schools through a payer collaborative.

Because mental health has been a consistent community health needs assessment (CHNA) top priority, St. Luke's recognized the need to embed its therapists in schools to provide services to students who wouldn't otherwise receive them because of transportation difficulties and/or family's abilities to get them to the clinic.

“School-based work requires us to be more flexible, adaptable and teachable compared to traditional clinics.”

*- Angie Gribble, Senior Director of Community Health,
St. Luke's Health System*

Outcomes to Date

- ✓ Since the launch of the program, school-based clinics have been operating in 11 schools, with two schools receiving behavioral health support, and there continues to be strong support and desire from partner school districts.
- ✓ The majority of patients served through school-based programs have Medicaid insurance, reaching 200 to date.

For More Information

- publicrelations@slhs.org
- www.stlukesonline.org

Recommendations

- Educate the healthcare system on privacy requirements under the Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA) laws.
- Establish bidirectional data-sharing arrangements early on between the school district and hospital or health system.
- Adopt education-related performance measures and collect data at the provider, program/programming and organizational or systems levels.
- Have dedicated SFHS staff who are responsible for developing, monitoring and evaluating a strategic plan for school health in close partnership with schools and families.

SCHOOL MOBILE CARE



- <http://vimeo.com/657190875>

ACCOUNTABILITY PRINCIPLE



SCHOOL-FRIENDLY HEALTH SYSTEMS SET ORGANIZATIONAL GOALS THAT SUPPORT CHILDREN'S LEARNING AND SET METRICS AND INCENTIVES THAT REINFORCE THOSE PRIORITIES.



What this looks like at the organizational or systems level for Children's Hospital of Orange County (Orange, California):

Children's Hospital of Orange County (CHOC) is collaborating closely with the Orange County Department of Education (OCDE) to address multiple dimensions of pediatric health.

Among CHOC's key areas in promoting whole-child wellness are care coordination, data exchange and the [WellSpaces](#). Through operational and philanthropic support, Student Wellness Centers

have been opened in 29 schools across 11 districts, with the goal to have them in every school in Orange County. These spaces of calm are co-developed with schools using biophilic and trauma-

informed design principles to promote student and staff coping and resilience. CHOC has also ramped up efforts to improve the exchange of data between the hospital enterprise and Orange County schools. Most recently, CHOC and AdvanceOC are working on a

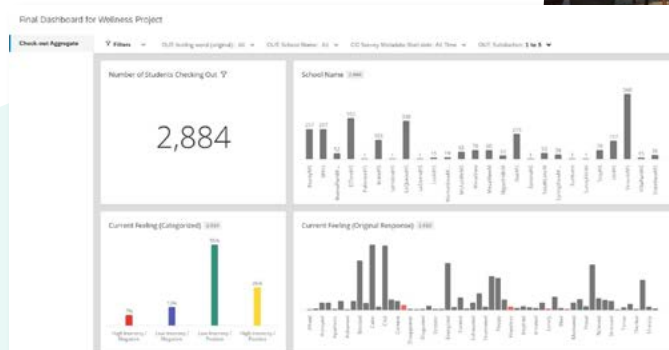
county-wide collaboration to create a comprehensive index with pediatric-sensitive data points, including education indicators, that can better inform supports for children and families across agencies and sectors.

Outcomes to Date

- ✓ Established a **single plan of care**, a landing page within its Electronic Health Record (EHR), where school nurses have consented visibility to key patient data to coordinate care across systems.
- ✓ Developed a dashboard, with shared access across OCDE, CHOC and school partners, to gather timely data on students' utilization of and response to services and activities in WellSpaces.

For More Information

- **Terri M. Iler**, Director of Community Clinical Outreach, tiler@choc.org
- **Megan Beckerle**, Director of Cross Continuum Care Coordination, mbeckerle@choc.org
- www.choc.org





Children's National®

What this looks like at the provider and organizational or systems levels for Children's National Hospital (Washington, District of Columbia):

Children's National Hospital is leading an attendance data-sharing initiative between District of Columbia Public Schools and its primary care practices to identify families and students who need more health and social supports to address chronic absenteeism.

Through the Collaborative for Attendance Resources in Education and Health (CARE-H) program, Children's National is demonstrating that attendance data can flow across sectors and can be used by provider teams to help families address absenteeism. Children's National is also leading a national learning collaborative to develop best practices for cross-sector data sharing and common outcome metrics.

Outcomes to Date

- ✓ Developed a **CARE-H Family Engagement Playbook** to help healthcare professionals provide outreach and medical attention to children missing school.
- ✓ Included the CARE-H consent form in the 2023–24 school year

enrollment packet to expand the program across the school district.

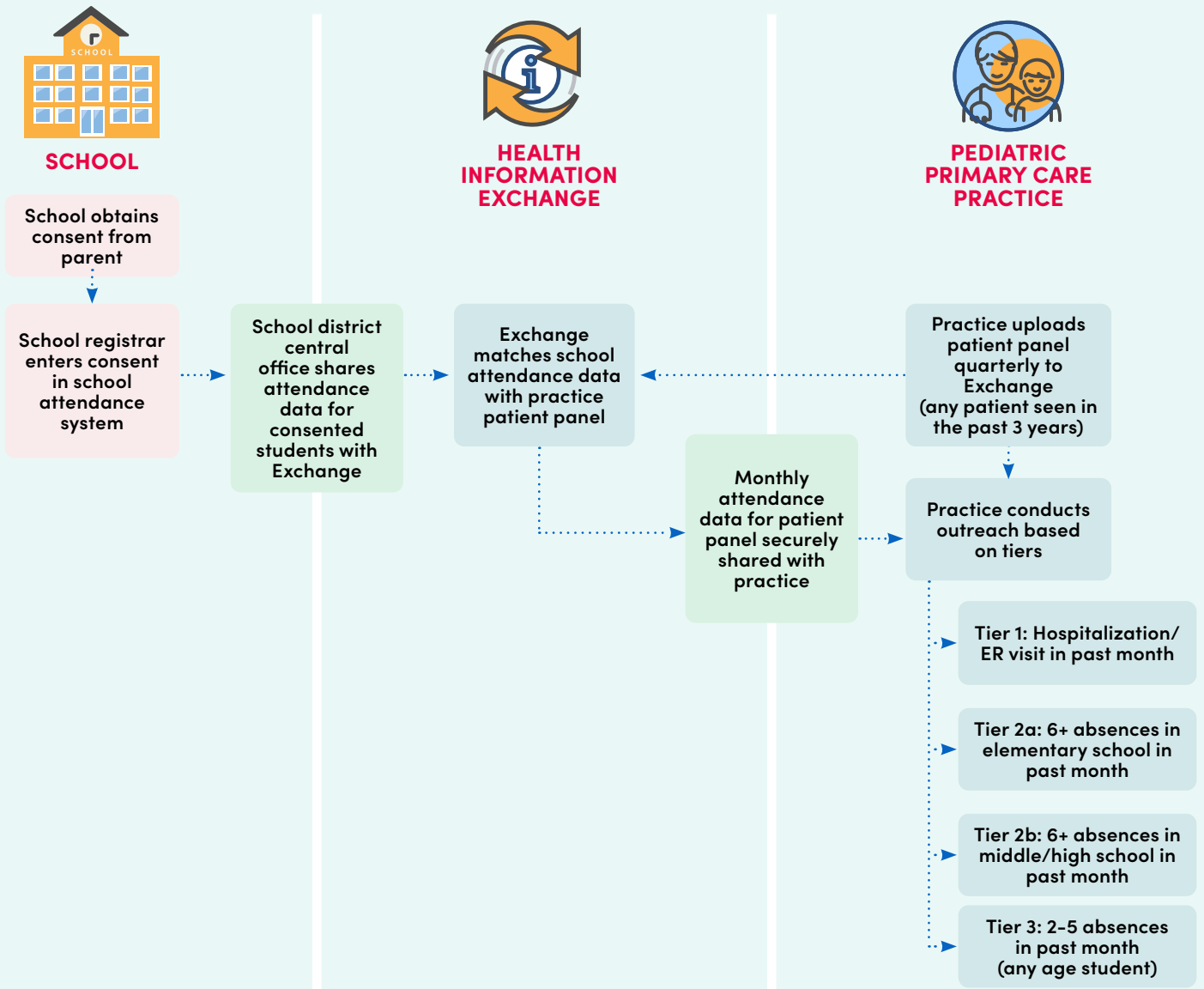
For More Information

- **Danielle Dooley**, Pediatrician and Medical Director of Community Affairs and Population Health Improvement, dgdooley@childrensnational.org
- **Desiree de la Torre**, Director of Community Affairs and Population Health Improvement, ddelatorre@childrensnational.org
- **Julia DeAngelo**, Program Manager of School Strategies, jdeangelo@childrensnational.org
- childrensnational.org/school-partnerships

Recommendations

- Engage the education sector to align goals and set a public policy agenda.
- Develop key performance indicators to show value internally, strengthening data-sharing efforts between the health and education sectors.
- Internal alignment and coordination are critical to minimize “asks” on the school system.
- Build in efforts at the district and school levels to gain trust in order for data collection and exchange to be approved.

CARE PROCESS MAP



FAMILY ENGAGEMENT PRINCIPLE



SCHOOL-FRIENDLY HEALTH SYSTEMS COLLABORATE AND SHARE POWER WITH FAMILIES, UNDERSTANDING THAT THEY ARE THE MOST IMPORTANT CONDUITS BETWEEN HEALTH SYSTEMS AND SCHOOLS.

What this looks like at the program/programming level for Mary's Center (Washington, District of Columbia):

Mary's Center was established in 1988 to provide care for Latin American immigrants.

As a federally qualified health center (FQHC) that now serves more than 60,000 participants across District of Columbia and Maryland communities, Mary's Center consists

of five full-service community health centers, 26 school-based mental health programs and a public charter school co-located at three health centers. Mary's Center partners with Briya Public Charter School to offer a two-generation model for family well-being that includes adult education, early childhood education and comprehensive health services.

Outcomes to Date

- ✔ The center's School-Based Mental Health Program coordinates designated programming with school personnel, students, caregivers and mental health teams and adjusts goals based on results.
- ✔ Hosts a Community Engagement Council made up of Mary's Center participants to provide feedback on programs and care.
- ✔ Provides educational programs to families including medical assistant training and child development associate training.

For More Information

- maryscenter.org
- <https://briya.org/>

Recommendations

- Build equitable approaches and make it easy for schools and families to access healthcare programs.
- Consider structural racism and ableism, trust, and cultural and language barriers when reaching out to and including families in SFHS efforts.
- Improve the ways SFHS efforts are co-created with families, such as actively integrating members of the community and schools in programmatic and policy efforts.
- Include the home as a critical setting when developing universal approaches for reaching schools and the health and social services sectors.

FAMILY ENGAGEMENT CHALLENGES

Caregiver time and space to provide feedback with the demands of a busy life.

Parents are consistently asked to complete surveys and give feedback – many say they don't often hear where change is made or where it goes.

Systems are bureaucratic – families sense that and their feedback can be brushed off.

Families are more invested when they see things change, building in feedback loops is a challenge.

SCHOOL-FRIENDLY HEALTH SYSTEMS CASE EXAMPLES

September 2023

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