DC Fiscal Policy Institute

UNLOCKING OPPORTUNITIES: SERVICES THAT HELP POOR CHILDREN SUCCEED IN THE CLASSROOM

Part 5: Services That Improve Health and Nutrition

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Children who come to school hungry, or who suffer from serious illnesses face obstacles to learning and attendance challenges.[1] Access to health services and nutritious meals at schools reduces the likelihood of missed school days and ensures students are ready to learn when they are in the classroom. Improving school health and nutrition services thus is an important part of improving educational outcomes in the District.

The District provides a number of health and nutrition services for students, and performs well in a number of ways. Yet some services are not at adequate levels and participation in some key programs is low.

The District should take the following steps to improve these services:

- **Increase the number of school-based health centers.** These programs bring primary care services directly into the school and increase student access to care, reduce health-care costs, and improve academic outcomes. School-based health centers currently exist at only six DC high schools in school year 2014-15.
- **Increase the number of school nurses.** School nurses provide many important health services, but 10 DC schools had student to nurse ratios that were well beyond industry standards. Also, one of ten DC public schools, and more than one of seven public charter schools, has only a part-time nurse.
- **Increase participation in key health programs.** Just over two thirds of students use school health centers, and just 19 schools have requested oral care services.
- **Increase the number of schools that use innovative school breakfast practices.** The District has made school breakfast free in all schools. While participation has grown since the mid-2000s, it has declined in recent years in some DC public schools. Increasing the use of innovative serving practices, like grab-and- go breakfasts, can help DC get back on track to boost participation in school breakfast.
- **Add a 'Healthy School' indicator on school ratings.** DC schools are assessed on various

> "Health-related factors such as hunger, physical and emotional abuse, and chronic illness can lead to poor school performance… Schools play a critical role in promoting the health and safety of young people and helping them establish lifelong healthy behaviors. Research also has shown that school health programs can reduce the prevalence of health-risk behaviors among young people and have a positive effect on academic achievement."
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> Centers for Disease Control and Prevention, available at: http://www.cdc.gov/healthyyouth/health_and_academics/

[1] Turner, Margery Austin & Berube, Alan, "*Vibrant Neighborhoods, Successful Schools: What the Government Can Do To Foster Both*," Urban Institute, July 2009.

Table 1 Children In Dc Have Poorer Health Outcomes Compared To The U.S. Average			
Indicator	**Year**	**DC Rate/Count**	**US Rate/Count**
Health Outcomes			
Obesity (ages 10-17)	2011/12	35%	31.3%
Children born with a low birth weight	2011/12	15%	9.6%
Children who engaged in no vigorous physical activity in the past week	2011/12	14.4%	9.1%
Children who have one or more chronic health conditions	2011/12	15.6%	14%
Children who have two or more chronic health conditions	2011/12	12.5%	9.6%
Asthma	2011/12	15.5%	8.8%
Child Food Insecurity Rate	2012	28%	21.6%
Sources: 2011/12 National Survey of Children's Health, 2012 'Map the Meal Gap' from Feeding America			

academic measures, but not health and nutrition outcomes. Schools in Chicago, Colorado and Illinois report on health and nutrition standards, which prompts schools to be more engaged in how they could make their schools healthier.

Background: Health and Nutrition Challenges for Low-Income Students.

Children in DC rank worse than the national average on the prevalence and severity of asthma, obesity, prevalence of chronic conditions, lack of engagement in physical activity and food insecurity. (See **Table 1**.) This partly reflects a higher child poverty rate in the city than in the nation as a whole.

Low-income children are more likely to suffer from asthma, lead poisoning, low birth weights, stunting, developmental delays, and learning disabilities which can contribute to difficulties in the classroom.[2] In addition, children who miss breakfast and come to school hungry experience decreased cognitive abilities, get lower grades, and have higher absences from school.[3]

Moreover, low-income children often live in neighborhoods that make their health problems worse.[4] For example, low-income families often live in neighborhoods without access to full-service grocery stores, which can lead to higher obesity levels among children and iron deficiencies that negatively impact school performance. Low-income children are also more likely to live in neighborhoods that have poor air and water quality, and to live in housing that exposes them to lead, asbestos, mold, roaches or rodents. These conditions can lead to higher levels or higher severity of asthma which can reduce school readiness and academic achievement.

[2] Brooks-Gunn, Jeanne & Duncan, Greg, "The Effects of Poverty on Children," The Future of Children: Children and Poverty, Vol. 7, No.2 (Summer/Fall 1997) and Currie, Janet, "Health Disparities and Gaps in School Readiness," The Future of Children: School Readiness, Vol. 15, No. 1 (Spring 2005).

[3] National Center for Chronic Disease and Health Promotion, "*Healthy Kids. Successful Students. Stronger Communities. Improving Academic Achievement through Healthy Eating and Physical Activity*," available at: http://www.cdc.gov/healthyyouth/health_and_academics/

[4] Turner, Margery Austin & Berube, Alan, "*Vibrant Neighborhoods, Successful Schools: What the Government Can Do To Foster Both*," Urban Institute, July 2009.

What DC Does to Help Improve Physical Health and Nutrition at Schools. The District provides a variety of health care and nutrition services to DC public school and public charter school children which are mainly run through the Department of Health (DOH) and the Office of the State Superintendent of Education (OSSE). These services include:

Physical and health education. In recent years, the District adopted legislation to expand physical and health education, but they have not been implemented yet. The DC Healthy Schools Act requires grades K-8 to offer 75 minutes of health education each week, up from 15 minutes in prior years. At high schools, health education is required to be offered for half a credit. Schools are also required to provide 150 minutes of physical education each week in grades K-5, up from 30 minutes before, and 225 minutes per week in grades 6-8, up from 45 minutes.

DCPS has indicated that it would not be able to achieve the increased levels of physical education without cutting into instructional time, and that it would explore solutions such as extending the school day to meet the requirements. So far, DCPS has been unable to come up with a solution to meet the new requirements. In addition, the Healthy Youth and Schools Commission (HYSC) reported that schools were not on track to meet the 75 minutes of required health education.[5]

School-based health centers. School-based health centers provide primary care, as well as oral, social and mental health services. Parental consent is required for all services except pregnancy, mental health, and substance abuse, for which students can seek assistance on their own. There are six school-based health centers in DC senior high schools; Anacostia, Ballou, Cardozo, Coolidge, Dunbar and Woodson. The school health centers are operated by Medstar, Unity and Howard University Hospital, and the program is coordinated and funded through the Department of Health.

Between 68 percent and 75 percent of students at each high school were enrolled in the school based health center and visits ranged from 1,041 at Coolidge to a high of 3,107 at Ballou. At each school based health center, the District has a goal to raise enrollment to at least 75 percent of students.

School nurses. The Department of Health also provides school nurses to students at both DC public schools and public charter schools who request DOH-supported nursing services. Nurses help to administer treatments and medications as well as case management and referrals for students with special health needs. In addition, nurses conduct health education, and work to prevent HIV/AIDS infection through education, counseling and distributing condoms and other materials to students in high school.

At the end of the 2013-14 school year, approximately 91 percent of DC Public Schools and 85 percent of DC Charter schools had full-time nursing coverage, with the remainder generally having a part-time nurse. School nurses conducted over 400,000 visits with students in public schools in fiscal year (FY) 2013. In school year 2012-13, DC had a ratio of 476 students per nurse—the fifth lowest of any state and below the overall recommendation from the National

[5] Healthy Youth and Schools Commission, "Report on the Health, Wellness, and Nutrition of Youth and Schools in the District of Columbia (2012-2013)."

Association of School Nurses.[6] However, on a school-by-school basis, the student to nurse ratio was too high in six DC public schools and four public charter schools.

Oral health services. The oral health services program is open to all DC public schools that request services and provides basic dental services such as fluoride treatments, dental screenings and oral health education and promotion. The dental services are provided through mobile clinics. In FY 2014, DOH provided direct services to 19 schools. The program provided 581 screenings, cleanings and/or fluoride treatments and placed over 1,000 dental sealants in FY 2014.

Violence Prevention Program. The Department of Health has a violence prevention program that it operates largely in schools in Wards 7 and 8. The program provides education and information on bullying, rape prevention, bystander education, child abuse prevention, dating violence, and healthy and unhealthy relationships. In school year 2012-13, the program provided education for over 1,000 students in Wards 7 and 8 as well as 525 students in Wards 4 and 5.

Health and sexuality education. This program works with DC public schools and public charter schools to coordinate sexual health education and basic health education session to elementary, middle and senior high schools DC wide. In FY 2013, the program conducted 85 sessions for over 1,400 school children between kindergarten and 12th grade participated in health education sessions. The programs operated in 10 DC public schools and five DC public charter schools. However, the program was unable to reach its target of 3,000 students served across 20 schools from a lack of requests from schools and the inability of some schools to provide the required time for the programming.

Immunizations. DOH helps provide immunizations for children that are enrolled in Medicaid, have no health insurance, have health insurance that doesn't cover vaccinations, are 19 years or older and under- or uninsured, and/or are Native American or Alaskan Native. DOH provides immunizations directly to children through its Express clinic and provides vaccines to medical practitioners who are enrolled in the Vaccine for Children program (VFC) free of charge. In school year 2013-14, the percent of children with up-to-date vaccines ranged from 73 percent in parochial schools to 87 percent in head start centers and DC public schools.

Nutrition services. The Office of the State Superintendent (OSSE) oversees food and nutrition programs for DC public schools and DC public charter schools, primarily by administering the federal school breakfast program and national school lunch program. In addition, many schools that offer after-school enrichment activities offer snacks or supper through the federal afterschool meal program.

Under federal rules, students are eligible for a free breakfast, lunch and/or snack if their family earns less than 130 percent of the federal poverty line, or $30,615 for a family of four. Students are eligible for reduced-price meals if family income is between 130 percent and 185 percent of the federal poverty line, or between $30,615 and $43,568 for a

[6] The National Association of School Nurses (NASN) recommends a ratio of 1 nurse per 750 students for the general population. For populations requiring daily professional school nursing services or interventions, NASN recommends a ratio of 1 nurse for every 225 students and lower nurse to student ratios for populations with more intensive health needs. To learn more, visit: http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/7/Caseload-Assignments-Revised-2010

family of four. If more than 50 percent of the children in an afterschool program are eligible snacks can be made available for free to all students. **Table 2** shows a breakdown of the federal reimbursement for the meals served. DC also provides additional local reimbursement for serving more fruits, vegetables, and whole grains.

Table 2
Federal Reimbursement for School Meals Served in School Year 2013-14

Type	Free	Reduced-Price	Paid
Breakfast	$1.58	$1.28	$0.28
Lunch	$2.93	$2.53	$0.28
Snack	$0.80	$0.40	$0.07

Source: U.S. Department of Agriculture

DC Public Schools and many public charter schools have improved access to meals by adopting what is known as "Community Eligibility," under which schools can offer free breakfast and lunch to all students if at least 40 percent of their students are low-income or in foster care or homeless. In school year 2013-14, 77 DC public schools and 45 DC public charter schools have adopted community eligibility.

In 2010, the District enhanced participation in school meals through passage of the DC Healthy Schools Act. The law requires that schools serve free breakfast all day to all students, regardless of income. In addition, it requires elementary schools with more than 40 percent of the students eligible for free and reduced-price meals to serve breakfast in the classroom, making it more likely the meals will be eaten. And it requires low-income middle-schools and high-schools to serve breakfast in ways that make it easy for students to get breakfast, such as a grab and go cart.

Improving Physical Health and Nutrition Services at DC Schools. Participation in health and nutrition programs has a positive impact on school outcomes. Students who participate in the federal school breakfast program have higher test scores and grades, fewer absences and better cognitive performance.[7] Providing health care services in schools makes it more likely that children will seek care, leads to a reduction in absences, and increases the likelihood that students stay in school.[8]

Given that DC children rank worse than the national average on the prevalence and severity of several health outcomes, and the impact poor health outcomes has on school performance, improving health and nutrition services offered in DC schools should be a top priority for the District. DC should implement the following recommendations:

Increase the Number of School-Based Health Centers. School-based health centers (SBHC) reduce health costs and improve academic outcomes like school attendance. One study of school-health centers found that more students reported having a health care visit if they were located in a school with a SBHC than one without.[9] School-based health centers result in decreased hospitalizations and reduced inappropriate

[7] National Center for Chronic Disease and Health Promotion, "*Healthy Kids. Successful Students. Stronger Communities. Improving Academic Achievement through Healthy Eating and Physical Activity*," available at: http://www.cdc.gov/healthyyouth/health_and_academics/

[8] School-Based Health Alliance, "School-Based Health Centers and Academic Success," available at: www.sbh4all.org

[9] School-Based Health Alliance, "Benefits of School-Based Health Centers," available at: www.sbh4all.org.

emergency room use and visits.[10] Access to school based health centers improve academic outcomes by addressing health problems that may otherwise keep kids out of school. For example, Dallas found that access to medical services in schools decreased absenteeism rates by 50 percent for students with frequent absences.[11]

In school year 2014-15, DCPS expanded school-based health centers to six high schools, up from four the previous year. The District should also look to expand school-based health centers to middle schools, starting with the lowest-performing middle schools to help DC achieve its goals of improving middle school performance.

Increase the number of school nurses at certain schools. School nurses help students manage chronic illnesses and conduct early screenings to catch health problems early.[12] While most DC schools meet the industry standards for the number of students per school nurse, in school year 2012-13 at least 10 have ratios that are too high. In addition, nine percent of DC public schools and 15 percent of public charter schools do not have full-time school nurses. Increasing the number of school nurses so all schools have at least one-full time nurse and meet student to nurse ratios should be a goal for the District.

Currently, the Department of Health Care Finance is seeking a State Plan Amendment to Medicaid so that services that school nurses provide can be reimbursed under Medicaid. Doing so should help alleviate the cost of having sufficient school nurse staffing for all public schools.

Examine and find ways to improve participation rates of key health programs. Participation in two key health programs, school-based health centers and the oral health program, are low. Just 68 percent to 75 percent of students are enrolled in school health centers, and just 19 schools participate in the oral health program's direct services. The District should undertake a review of barriers to accessing services and recommend ways to improve participation among these key programs.

Increase the use of innovative ways to serve school breakfast. D.C Hunger Solutions found that participation in school breakfast jumped significantly after DC public schools implemented alternatives, such as breakfast in the classroom or grab and go carts.[13] These methods reduce stigma and make getting breakfast convenient, even for students who arrive late to school. While overall school breakfast participation increased from school year 2009-10 to 2012-13, participation fell at elementary, middle and high schools from 2011-12 to 2012-13. Participation also varies significantly from school to school, with low participation rates at some of DC's lowest performing schools.[14]

The District should set higher targets of participation and provide assistance to schools to develop alternative serving models for school breakfast.[15] DC should especially target the lowest-performing schools first.

[10] School-Based Health Alliance, "Cost-Savings of School-Based Health Centers," available at: www.sbh4all.org.
[11] School-Based Health Alliance, "Benefits of School-Based Health Centers," available at: www.sbh4all.org.
[12] Healthy Schools Campaign & Trust For America's Health, "Health in Mind: Improving Education Through Wellness," Available at: www.healthinmind.org.
[13] D.C Hunger Solutions (2014)
[14] D.C. Hunger Solutions (2014)
[15] D.C. Hunger Solutions (2014)

Add a 'Healthy School' indicator on school ratings. Schools make basic academic performance data available to stakeholders through easy-to-understand report cards. Health and nutrition information is not as easily available and makes it harder for stakeholders to compare across schools how well each school is incorporating health and nutrition into the school environment.

Schools in Chicago, Colorado and Illinois require 'report card' reporting to help stakeholders easily understand how healthy schools are.[16] For example, Chicago reports on whether a school is a certified HealthierUS school - a federal voluntary certification that reflects healthier school environments through the promotion of nutrition and physical activity. Very few schools initially were certified, and the addition of an indicator prompted many schools to take action to become certified and improve the health of their school environments.[17]

The District could look to do something similar by rating schools on their compliance with the DC Healthy Schools Act and federal Healthy, Hunger Free Kids Act of 2010 or the voluntary HealthierUS school criteria.

[16] Healthy Schools Campaign & Trust For America's Health, "Health in Mind: Improving Education Through Wellness," Available at: www.healthinmind.org.

[17] Healthy Schools Campaign & Trust For America's Health (ibid)