

MICHIGAN SCHOOL HEALTH SERVICES REPORT

NOVEMBER 2003

INTRODUCTION

As Michigan schools seek to accomplish their primary goal of helping students achieve high academic standards, they have increasingly been addressing the health needs of students that may serve as barriers to their learning. The Michigan Department of Education first surveyed schools in 1998 to assess the scope of school health service delivery. This report is a follow-up to the 1998 report and shows significant growth in the number of school buildings that have a health professional providing services to students, as well as an assessment of services that schools see as needed by students.

SURVEY METHODS

The 2003 School Health Services Survey was sent to over 4,100 public school buildings and included special education, preschool, and alternative education buildings. Of those sent, 2,043 (49.4%) surveys were returned and the data was used for analysis and reporting.

Over half of the 2,043 reporting schools were elementary buildings; surveys returned from middle/junior and high school buildings accounted for about one quarter of the returned surveys; and about 100 preschool and special education buildings responded to the survey. Alternative middle and high schools are included within the respective categories above.

Schools were asked to answer seven closed-ended questions regarding:

- 1) the way school health services were being delivered to students in that building;
- 2) the way school health services were funded;
- 3) other emotional/social health services that were being provided to students in that building;
- 4) the most important unmet health needs of students in that building;
- 5) whether the responder believed that increased student health services would help raise academic achievement of students;
- 6) what additional services would positively benefit students in that building; and
- 7) how future additional services should be funded.

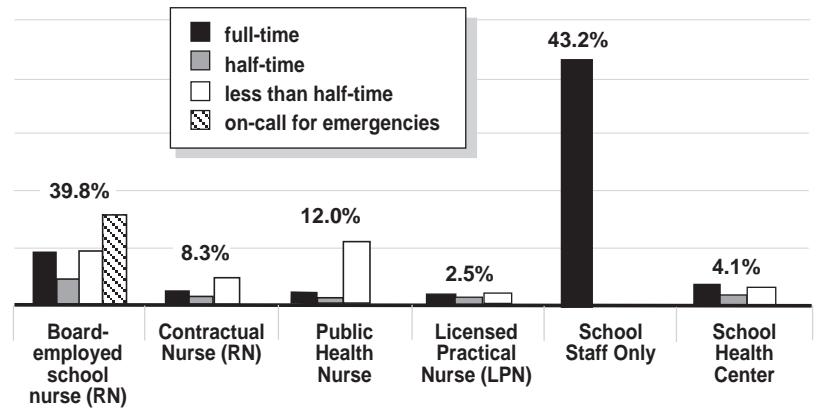
Survey questions included multiple options and respondents were asked to check only one response in questions 1, 4, 5, and 7; all that apply in questions 2 and 3; and to prioritize answers in question 6. Due to respondents occasionally selecting more than one response on questions 1, 4, 5, and 7, category responses are not mutually exclusive and total percentages exceed 100 percent. Spaces were provided for indicating responses other than those listed.



PROVIDERS OF SCHOOL HEALTH SERVICES

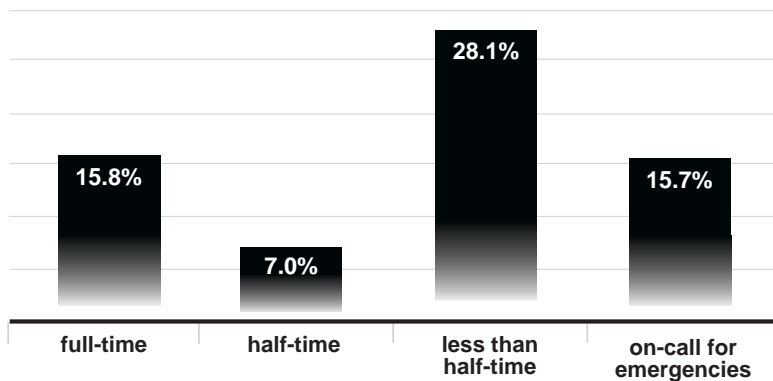
Of the responding schools, approximately 40 percent had board-employed school nurses who delivered health services to students; 8 percent had contracted services of a registered nurse for student services; 12 percent had the services of a public health nurse; 2 percent had the services of a licensed practical nurse; 4 percent had a school-based or school-linked health center that delivered services to students; and 43 percent relied upon non-health professional school staff to render health services to students. Due to respondents occasionally selecting more than one response, the total percentage exceeds 100 percent.

How School Health Services are Delivered to Students*



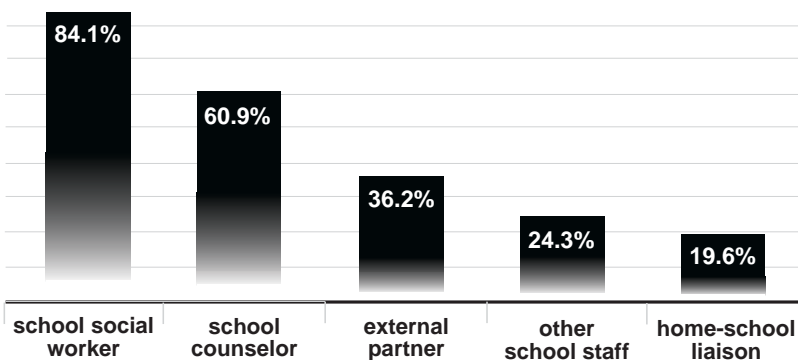
* More than one choice was occasionally selected. Percentages exceed 100%.

Time Spent On-site by School Health Professionals*



* Not all categories are shown. Percentages do not total 100%.

Other Providers of Emotional/Social Health Services to Students*



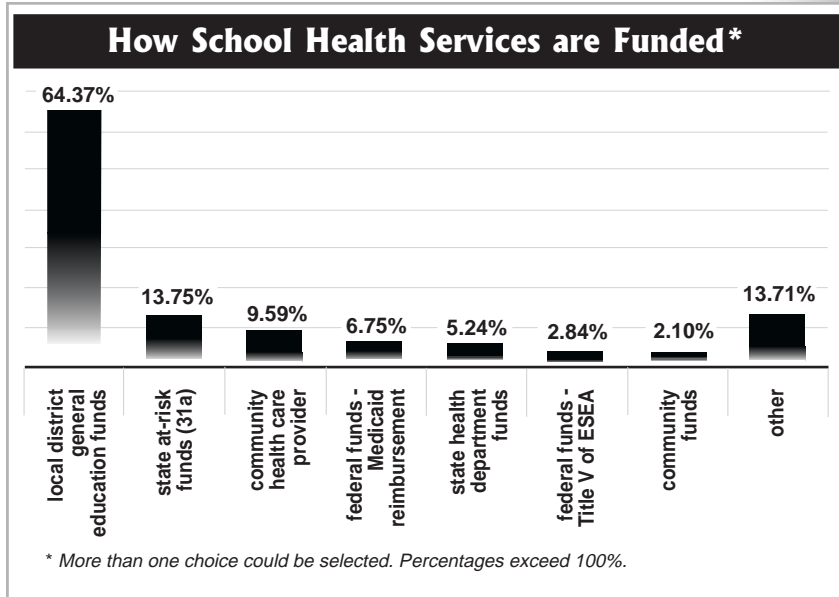
* More than one choice could be selected. Percentages exceed 100%.

However only about 16 percent of responding schools had a full-time health professional in the building. Seven percent of responders reported half-time services of a health professional on-site. Most often (28%) the health professional was on-site less than ten hours a week and, in the case of board-employed school nurses, 16 percent were only on-call for emergencies.

Many schools provided emotional/social health services through the use of school social workers (84%), school counselors (61%), and community health providers (36%). About 20 percent of schools had a school-home liaison staff person and 24 percent of responding schools reported using other school staff to provide emotional/social health services to students.

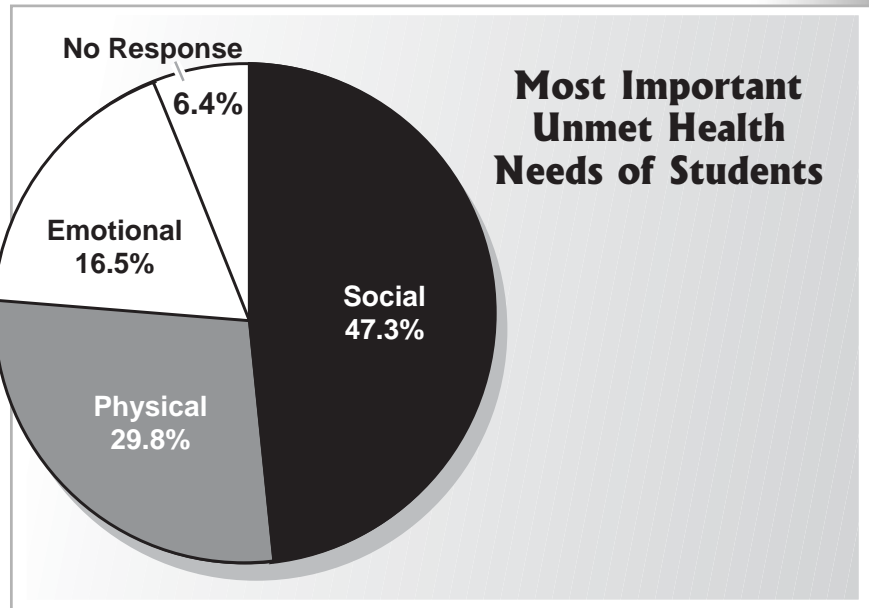
FUNDING OF SCHOOL HEALTH SERVICES

The greatest number of responding schools reported that local district general education funds were used to finance student health services (64%). Other sources of funding were state at-risk funds (14%); federal funds, Title V ESEA (3%) and Medicaid reimbursement (7%); state health department funds (5%); community health provider funding (10%); and other community funds (2%).



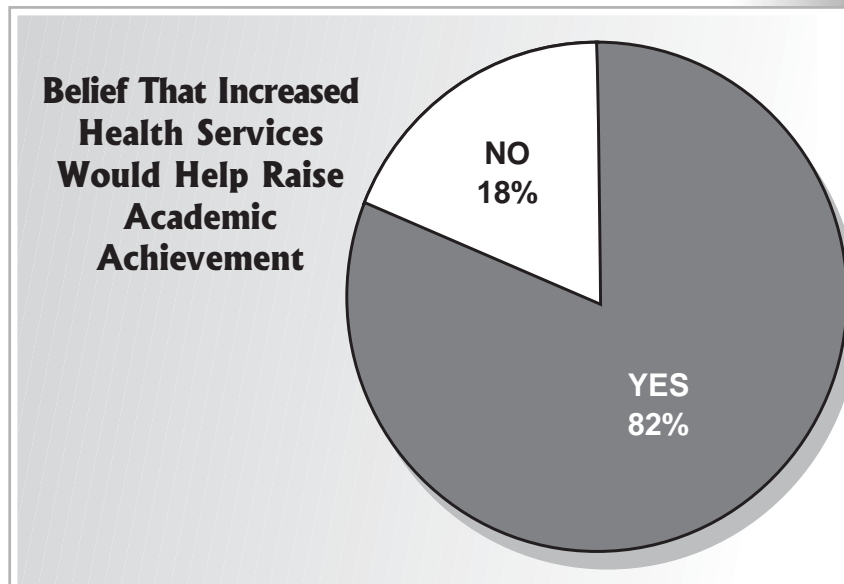
UNMET HEALTH NEEDS OF STUDENTS

When asked to respond to whether the unmet needs of students fell under the physical, emotional, or social health areas, 47 percent of reporting schools selected social health needs, nearly 30 percent chose physical health needs, and 16.4 percent selected emotional health needs.

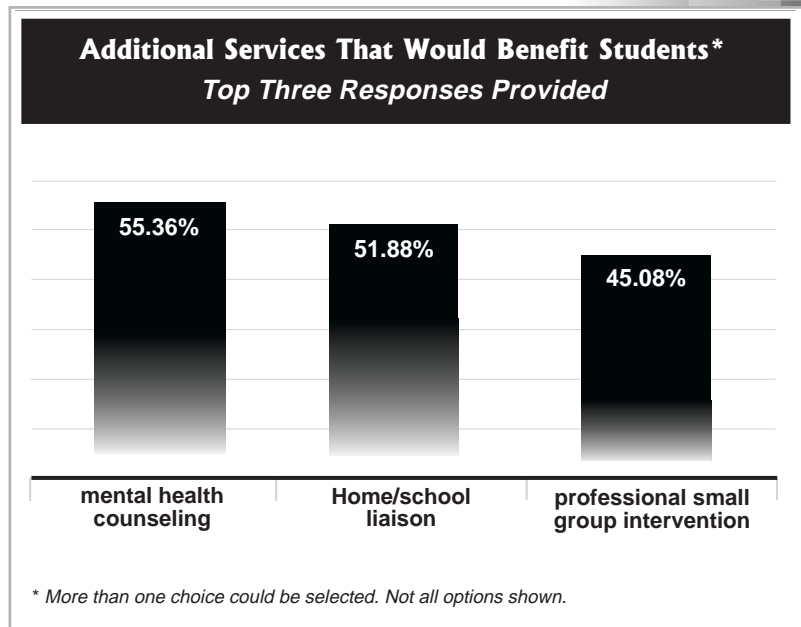


ADDITIONAL HEALTH SERVICES NEEDED BY SCHOOLS

Overwhelmingly, responders believed that increased school health services in their building would help raise academic achievement (82% vs 18%).

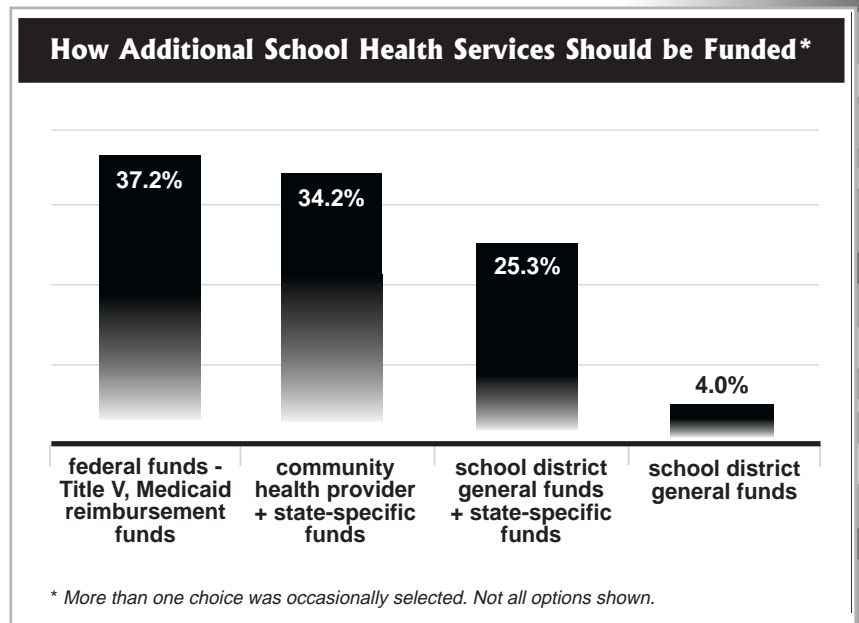


In responding to the question that gave a list of possible school health services that were needed by students in their building, and asked to prioritize their top three, reporting schools rated mental health counseling for students the highest (55%); liaison between homes and schools to address problems of truancy and student behavior problems, second (52%); professional-led small group work with students needing conflict resolution skills and other behavior problem interventions, third (45%); on-site first aid and medication administration, fourth (26%); on-site physical exams, immunizations, fifth (21%); and case management of students with chronic health problems, sixth (19%).



FUTURE FUNDING SOURCES

Opinions of responders on the question of which funding resources should be used to expand the availability of school health services were mixed. Thirty-seven percent thought that federal Title V and Medicaid reimbursement funds should be used, 34 percent chose community health provider and state-specific funding sources, 25 percent chose a combination of school district and state-specific funds, and only 4 percent chose school district general funds.



SUMMARY

More school buildings are providing school health services to students through a range of health professionals although, in most cases, services are provided on a part-time basis. This means that a vast majority of the time, non-health professional school staff are providing immediate care to students, which includes first aid for injuries, making judgments as to the seriousness of students' symptoms, and administering medications.

School administrators overwhelmingly agree that students' health and academic achievement are related. They are also clear that they want more services to support students' mental and social health. Finally, school administrators also see the need to blend funding sources to support increased school health services.

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