A Collaborative Approach to Review School Health Services Policies and Procedures

The Missouri School Health Program’s (SHP) rationale and process in implementing the Enhancing School Health Services through Training, Education, Assistance, Mentorship, and Support (TEAMS) framework
A cooperative agreement between Centers for Disease Control and American Academy of Pediatrics was established to develop a program to assist school districts in making improvements to their school health services.

Thirty (30) school districts were awarded grants to receive training and implement the program.
Cooperative Agreement between CDC and AAP to develop a program to assist school districts in making improvements to their school health services.

- Assess their current school health services policies, practices, and infrastructure;
- Identify and prioritize key areas for improvement and develop a strategic action plan; and
- Implement and evaluate changes.

Unique was that the leadership team was to be a school nurse, a public health agency person, and a local medical provider or pediatrician.

- Assess current school health services, policies, practices, and infrastructure
- Identify and prioritize key areas for improvement and develop a strategic action plan
- Implement and evaluate changes

The TEAMS Model
Adapted from:
- Uncommon Solutions
- New Zealand Health Promoting Schools Inquiry Cycle
- Strive Site Level Theory of Change
Why Missouri Implemented TEAMS

Through Platte County R-111 School District’s participation in TEAMS, we learned that TEAMS:

- Emphasizes partnerships and the development of school health services policy and protocol to drive long-term, sustainable change
- Provides worksheets, templates, and examples to help the team apply the program content, with the ultimate goal of improving the health of children
- Is self-paced, self-directed, action-oriented and designed to guide in planning and implementing health services improvements

In addition, TEAMS is now offered FREE OF CHARGE and includes the Health services Assessment Tool for Schools (HATS)
The MO Asthma Prevention and Control Program as a Partner

- Whole School, Whole Community, Whole Child Model
- Coordinate school, family, and community efforts to better manage asthma symptoms and reduce school absences among students with asthma
- Linking students to medical care

Aligns with National Asthma Control Program’s school-based priorities

https://www.cdc.gov/asthma/pdfs/strategies_for_addressing_asthma_in_schools_508.pdf

https://www.cdc.gov/healthyyouth/wscc/
School Districts Participating in TEAMS Program, Missouri, 2017

Total Student Population 51,483

Location
Diversity
Infrastructure
Our Process

- Contacted AAP to request training and cost involved to use materials (Fall 2015)
- Chose candidates to be trained as facilitators and held training with Rocky Mountain Training Institute (May 2016)
- Sought funding for implementation of Teams (Fall 2016-Winter 2016)
- Identified and contracted with nine (9) pilot schools for implementation
- Implemented Teams 2017
- Received reports Fall 2017
What We Did to Assist Implementation

- Provided the school district with minimal funding to implement the program
- Met with all TEAMS’ districts to explain the process
- If the district did not have a Physician Champion, we assisted in identifying one
- Facilitated public health engagement, when needed
- Provided technical assistance when needed
- Offered a timeline and check-ins to assist with moving forward
- Validation
Interesting Observations

- School nurses not aware of resources local public health agencies provide
- Local public health agencies not aware of the shared interests and opportunities—working with the same population
- Willingness of TEAM members to participate and collaborate when the right information is available
- Aggregate data school nurses have and the story it tells
- Physicians not aware of the resources/programs schools have that could benefit their patients
- Many A-ha!! moments
Priorities Identified via HATS Assessment

Expected and Validated

1. Need to implement protocols and policy for management of chronic health conditions/special health care needs
2. Need for preventative oral/dental health services on-site
3. Need to address mental health issues (suicide, bullying)
4. Need to address immunizations
Priorities Identified via HATS Assessment (cont’d)

Unexpected

5. Need to track health insurance status of students on health inventory forms
6. Need to provide comprehensive outreach to assist families in obtaining health insurance
7. Need for disaster preparedness planning
8. Need to develop strategies to address health office visits associated with complaints of headache and stomachache
Would We Do Anything Differently

- Recruit schools in the winter with start dates in the summer - have a plan ready for the beginning of the school year
- All schools are unique - need to be flexible - meet the districts where they are
- Many of our schools needed the perspective of the state school nurse consultant
- Include the state and school health services data
- Engage our state partners (AAP, school board association).
- Provide a forum at the state level for shared communication among our TEAM schools
What Missouri School Nurses Say About TEAMS
Contact Information

Marjorie Cole, MSN, RN, MO State School Nurse Consultant Missouri School Health Program
Marjorie.Cole@health.mo.gov

Peggy Gaddy, RRT, MBA, Coordinator Missouri Asthma Prevention and Control Program
Peggy.Gaddy@health.mo.gov

Every Child Deserves a School Nurse