

# Health Services

The provision of **Health Services** within schools helps students lead physically healthy lives. Access to care, preventive health screenings, and plans to care for chronic conditions, when carried out by qualified health professionals, help keep students healthy and ready to learn.

This analysis explores the extent to which a sample of local education agency (LEA) policies from the 2017-2018 school-year, representative at the state level, addressed the availability of health services in the school building, as well as policies and plans supporting the care of chronic health conditions. The LEAs studied are a sample of 432 agencies, spanning 19 states and the District of Columbia (hereafter “selected states”; see maps below and [Methods Appendix](#) for more details on the state selection), and include both public school districts (“districts”; n = 368) and charter LEAs (n = 64).<sup>1</sup>

Within the Health Services domain, we assessed 10 topics (see [Coding Appendix](#)). In this brief, we present data separately for public school districts and charter LEAs.

## Public School District Policies

The district sample included 368 LEAs in 20 selected states, weighted to be representative of districts at the state level. For these data, we determined the percentage of the topics addressed, on average, across the districts within each state and across all districts studied. To support easy comparisons in the comprehensiveness of district policy across states, percentages were given one of four designations: none (0%), low (< 38%), moderate (38 to < 75%), or comprehensive (≥ 75%).

Notably, this assessment does not speak to the prescriptiveness of LEA policies; policies that included firm mandates and policies that merely encouraged activity counted equally in this measure of comprehensiveness. (See [Methods Appendix](#) for more information on our coding process.)

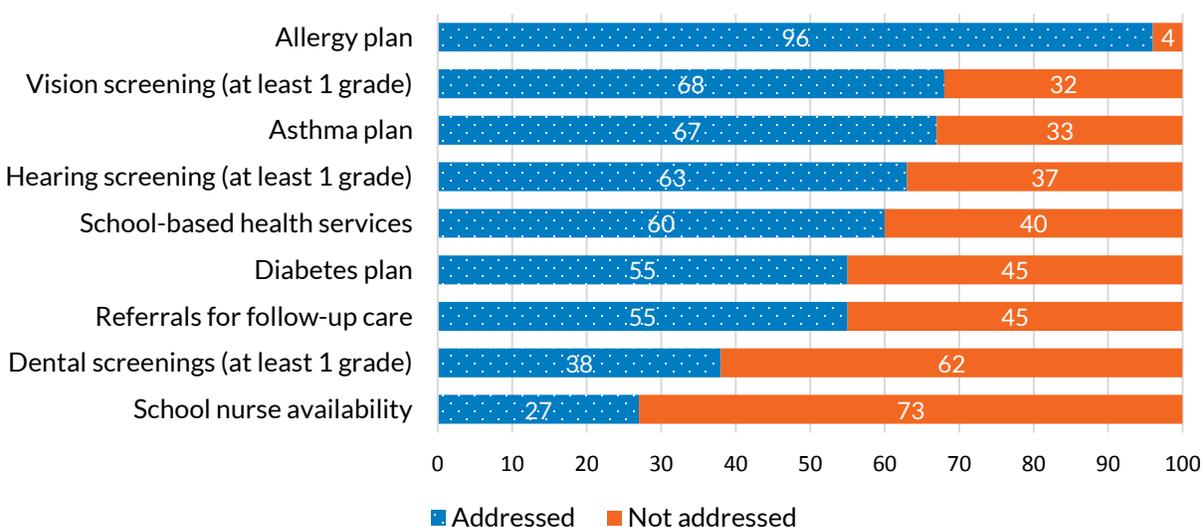
For each of the 20 states, we also present a comparison between district data and state statutes and regulations for the same 10 health services topics. The same categorizations of none, low, moderate, and comprehensive are used to present the state data. Note that the state data presented herein only represent a subset of the state law data compiled and presented in our companion [state law report](#) and the state law data included in the National Association of State Boards of Education (NASBE) [State Policy Database on School Health](#).

### Of the 20 states, 19 had district policies with low or moderate coverage of health services topics.

- **District policies in 15 states had moderate coverage of health services topics** (range: 42% to 68%; average: 56%). District policies in four states (ND, RI, SC, and TX) had low coverage of health services topics (range: 14-32%; average: 22%). DC was the only state to have comprehensive coverage (90%) on the availability of health services in public school district policy.
- **Twenty-two percent of districts in the selected states formally addressed the development of school-based health centers or clinics, even if only through a grant program on some campuses (see Figure 1).** Another 37 percent of districts encouraged or addressed aspects of school-based health services such as qualifications for health professionals, financial support, or community involvement, but have yet to formalize a health center on campus for students.

- **Seventy-two percent of districts analyzed allowed for a waiver from vaccination requirements** based on personal, moral, or religious reasons. As vaccine-preventable deaths are on the rise nationwide, many states have adopted laws restricting the right to waive vaccination requirements to only those students for whom a waiver is medically necessary.<sup>2</sup>
- **Only one in four districts in the selected states had policies that addressed the availability of school nurses on campus, and only 2 percent required a nurse on every campus, every day.** Students may become ill or injured at any time during the school day; therefore, the consistent availability of school nurses throughout every school in a district is crucial as care greatly improves as availability increases.<sup>3</sup>
- **Most of the districts analyzed addressed vision (68%) and hearing (63%) screenings in their policies, but considerably fewer addressed dental screenings (38%).** Research indicates that dental caries are an important indicator of children’s overall health and may negatively affect learning.<sup>4</sup> District policy most often addressed health screenings in the elementary school grades, followed by middle and then high school grade levels. Often, this is because screenings are required for kindergartners entering public school.
- **Nearly every district studied addressed caring for students with chronic health conditions.** However, while 96 percent of districts from the 20 selected states addressed allergy plans, far fewer addressed asthma (67%) and diabetes (55%) plans.

**Figure 1. Percent of sampled public school districts covering selected health services topics in policy**



**State laws were similar to or more comprehensive than district policies in 19 of 20 states.**

- **In just under half of the 20 states (nine states), state law is more comprehensive than district policies within those states (see Figures 2a and 2b).** In 10 states, state laws and district policies are similarly comprehensive, and in just one state, district policies are, on average, more comprehensive than state law.
- **Both states (90%) and districts (96%) were consistent in requiring or encouraging schools to develop an allergy plan, but were less consistent in addressing other chronic conditions.** While nearly all state laws addressed asthma plans (90%), only two in three district policies did so (67%).

**Figure 2a and 2b.** State law (left) and public school district (right) comprehensiveness of health services topics in policy.



These maps show the proportion of states (left panel) and districts (right panel) in each of the 20 selected states that have [■] **comprehensive** (state panel: 8; district panel: 1), [▲] **moderate** (state panel: 10; district panel: 15), [◻] **low** (state panel: 2; district panel: 4), or [-] **no** (state panel: 0; district panel: 0) coverage of health services topics in state and district policies, respectively. For this report, only the 20 states represented with colored squares were studied (at the state and district levels); states shown in gray were excluded from this analysis.

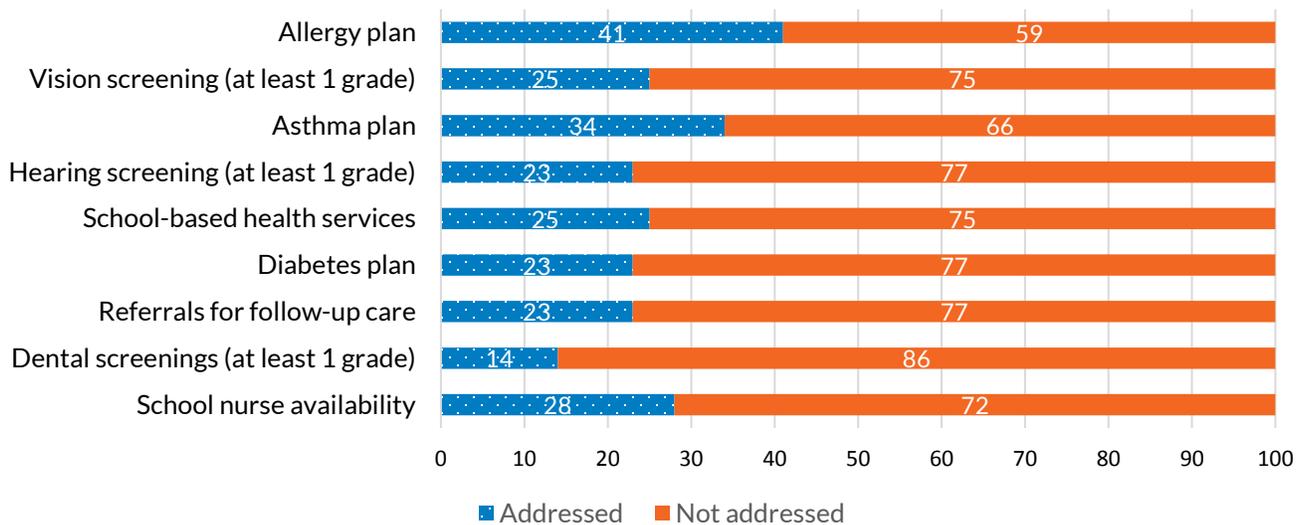
## Charter LEA Policies

We also collected policies for a sample of 64 charter LEAs across the 20 selected states. Depending on the structure of charter LEAs in a given state, such policies may be applicable for a single school or for multiple schools run by the same charter provider. Charter policies often addressed different aspects of health services when compared to district policies. Because the number of charter policies collected in a single state was often small (proportionate to their representation across all LEAs in the state), we chose to look across the full sample of charter schools rather than make generalizations at the state level.

### Fewer charter LEAs addressed school-based health services compared to public school districts.

- **One quarter (25%) of charter LEAs in the selected states addressed school-based health services in their policies (see Figure 3).** This is a smaller percentage than the percentage of districts addressing such services (60%).
- **The percentage of charter LEAs that addressed school nurse availability (28%) was similar to the percentage of districts in this study (27%).** This was also true for professional development for school nurses, with 3 percent of charter LEAs and less than 0.5 percent of public school districts addressing this policy.
- **Substantially fewer charter LEAs had policies requiring allergy plans compared with public school districts.** Nearly all public school districts (96%) addressed allergy plans, whereas less than half (41%) of charter LEAs addressed these plans.

**Figure 3. Percent of sampled charter LEAs covering selected health services topics in written policy**



The Institute for Health Research and Policy at the University of Illinois at Chicago, in partnership with Child Trends, examined the extent to which 11 healthy schools domains were addressed in local education policies across 20 strategically selected states (including 19 states and the District of Columbia; see Methods section for details on the sampling methodology). These domains include the 10 components of the Whole School, Whole Community, Whole Child (WSCC) model: Health Education; Physical Education and Physical Activity; Nutrition Environment and Services; Health Services; Counseling, Psychological, and Social Services; Social and Emotional Climate; Physical Environment; Employee Wellness; Family Engagement; and Community Involvement. An additional domain, WSCC References, addresses the extent to which district policies include explicit references to the WSCC model, or similar language such as the Centers for Disease Control and Preventions’ Coordinated School Health model. Sub-briefs covering the other domains can be found at <https://www.childtrends.org/publications/the-current-landscape-of-school-district-and-charter-policies-that-support-healthy-schools>.

<sup>1</sup> For purposes of this work, a charter LEA is an LEA listed in the U.S. Department of Education’s Common Core of Data (SY 2014-15) as an “Independent Charter District.”

<sup>2</sup> Chriqui, J.F., Stuart-Cassel, V., Piekarz-Porter, E., Temkin, D., et al. Using State Policy to Create Healthy Schools. (2019). Retrieved from: [https://www.childtrends.org/wp-content/uploads/2019/01/WSCCStatePolicyReportSY2017-18\\_ChildTrends\\_January2019.pdf](https://www.childtrends.org/wp-content/uploads/2019/01/WSCCStatePolicyReportSY2017-18_ChildTrends_January2019.pdf).

<sup>3</sup> Baisch, M.J., Lundeen, S.P., Murphy, M.K. (2011). Evidence-based research on the value of school nurses in an urban school system. *The Journal of School Health*, 81(2), 74-80. doi:10.1111/j.1746-1561/2010.00563.x

<sup>4</sup> Holt K, Barzel R. (2013). *Oral Health and Learning: When Children’s Oral Health Suffers, So Does their Ability to Learn* (3<sup>rd</sup> ed.). Washington, DC: National Maternal and Child Oral Health Resource Center.