Health Integration in Community Schools

Submitted by
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INTRODUCTION

Chicago Public Schools (CPS) is the nation’s third largest public school system, serving all students attending public schools within the City limits. Out of a total student population of 426,000, 85.4% are low income, 90.4% are minority, and 13.5% are English Language Learners. CPS faces significant challenges, including low graduation rates, high dropout rates, serious violence issues, and below standard test scores.

In light of these challenges, CPS has identified three systemwide priorities: raising graduation rates; improving academic performance; and enhancing school climate. The District has embraced several reform strategies for achieving these goals. One key reform initiative is the creation of community schools.

Community schools, sometimes called “full-service” or “extended-service” schools, are educational institutions that combine the rigorous academics of a quality school with a wide range of vital in-house services, supports, and opportunities for the purpose of promoting children’s learning and development. The community school unites the most important influences in children’s lives – schools, families, and communities – to create a web of support that nurture their development toward productive adulthood (The Children’s Aid Society, 2001).

CPS, recognizing the significant role that parent and community involvement can play in improving academic achievement, developed several successful community school models. As a result of the positive outcomes seen in these community schools, the Campaign to Expand Community Schools in Chicago was established in 2002 to foster the development of additional Chicago community schools. To date, seventeen schools have established themselves as community schools. The Campaign has a goal of supporting the design and implementation of 100 community schools in Chicago over the next five years.

Community schools are designed to be an integral part of a community, bringing together many partners to offer a range of supports and services. Most community schools offer some combination of academic enrichment activities for students, adult education and English as a Second Language classes, student and adult computer classes, art activities, recreation and health services. Specific programs and services at each community school, however, vary because they are locally tailored to meet each community’s needs, resources, perspectives, and standards. The specific types of programs and services each school adopts is based on the results of needs assessments conducted with its students, families, and communities.

Health has been identified as an area of need by many of the existing community schools in Chicago. Successfully integrating health services and programs into the fabric of a school requires careful planning and strategic decision-making. When attempting to overcome barriers to health access and implementing any health components, schools, external partners, and funders must address key issues related to services, delivery mechanisms, and providers. Some of the questions they need to consider include:

- What are the health needs of the students, families, and the community?
What are the barriers to accessing health care for students, families, and members of the community?
What health services are currently being delivered in the school?
What health resources are available in the school system and in the community? If they are not currently being utilized or tapped into, why not?
What are current best practices in school-based health?
What health services and programs will meet the identified needs of the school community?
What are the most appropriate delivery systems for securing services and programs?
What are the characteristics of a good health service partner?
What can a potential partner bring to the school? What can the school provide the partner?
What actions are needed to ensure the smooth integration of a health component into the school culture?
Is the intended health component aligned with system and school goals?
How much will health integration cost? How will it be paid for?

This report is designed to inform discussions and decision-making processes around these questions, providing a basic framework for stakeholders to build upon. Specifically, this document includes:

I. The Role of Health in Schools: A rationale for the inclusion of health services and programs in schools.
II. The Coordinated School Health Model: A description of a nationally recognized model for integrating health into schools.
III. Profiles of Health-Related Services and Programs: A description of selected programs and services currently being offered in Chicago and suburban Cook County.
IV. Critical Success Factors: Principles that can influence the successful integration of health services and programs into the school culture.
I. The Role of Health in Schools

Concern over the poor academic performance of our nation’s students as well as the wide disparity in the achievement gap between high- and low-performing children, especially the achievement gaps between minority and non-minority students, and between disadvantaged children and their more advantaged peers, has resulted in sweeping national education reform and increased accountability standards for core academic subjects. In today’s schools, increasing emphasis is being placed on educational outcomes and test scores. Teachers and administrators are, understandably, very protective of classroom time and question the relevance of subject matter or programs that are not considered part of the core curriculum.

One of the potential barriers to successfully integrating health services into schools is the perception held by some policymakers and educators that time focused on health services and programs will detract from the school’s educational mission. The preponderance of research, however, illustrates that health programs and services are in fact a critical part of educational reform and that extended services, such as primary care and social and family services, leading to good health are inextricably connected to academic performance. Evidence points to the fact that quality education can be propelled forward with health enhancement and that health problems will impede the academic performance of many children. Young people who are hungry, ill, depressed, or injured are less likely to learn. According to a statement made by the General Director of the World Health Organization in 2000, "An effective school health program … can be one of the most cost effective investments a nation can make to simultaneously improve education and health."

The health concerns of children have become increasingly complex and acute and require interventions that are uniquely different from those applied to past generations. A century ago, infectious diseases and untreated physical defects posed the greatest threat to health and human life. Today most of these problems can be addressed in whole or in part with immunizations, antibiotics, eyeglasses, and other medical treatment. Morbidities and mortalities resulting from illness have been replaced by a new set of problems that are based in behavior and life-style choices. A growing body of literature points to emerging categories of unhealthy behaviors and life-style choices that have detrimental effects on the lives of young people: poor eating habits, tobacco use, abuse of alcohol and other drugs, physical inactivity, interpersonal violence, unintentional and intentional injury, and sexual behaviors that result in pregnancy or disease. These are considered the new social morbidities (Higher Education and the Health of America’s Children, 1999).

These social morbidities act as roadblocks to learning, often resulting in poor student performance. “The extent of physical, emotional, psychological, and social problems present in some student populations is so great that the primary mission of the school—education—cannot proceed if these pathologies are not addressed” (Carnegie Council on Adolescent Development, 1989). These behavioral and health problems, established in childhood or adolescence, generally lead to serious long-term health problems, such as heart disease, cancer, and injuries—the main causes of death in America. The good news is that these problems are based in behaviors that can be prevented or changed.
In the United States, 54 million young people attend nearly 129,000 schools for about 6 hours of classroom time each day for up to 13 of the most formative years of their lives (Digest of Education Statistics 2001). Because schools are the only institution that can reach nearly all youth, they are in a pivotal position to improve both the education and the health status of young people throughout the nation. Schools can be powerful sites for the prevention of the new social morbidities.

Traditionally, schools have been sites for the provision of a basic core of health services, including screenings, monitoring immunization status, and administering first aid and medications. These approaches to school health are no longer sufficient to deal with the complex problems facing today’s youth. In order to overcome the growing barriers to health care access and the prevalence of high-risk behaviors among young people, school health programs must expand beyond these basic services.

The challenge for schools is integrating these expanded services in ways that are clearly aligned with school reform efforts, merged into the academic fabric of the school, and doable for school personnel.

II. Coordinated School Health Model

In 1992, the Centers for Disease Control and Prevention (CDC) began an initiative, with federal appropriations, to support coordinated school health programs that promote healthy behaviors such as eating a healthy diet, being physically active, and avoiding tobacco use. CDC currently funds statewide coordinated school health programs in 22 states. The goal of these CDC-supported programs is to encourage healthy lifestyles, provide needed supports for at-risk students, and reduce the prevalence of health problems that impair academic success. School leaders involved in these programs have reported “that their efforts at coordinating health initiatives result in improved attendance, less smoking among students and staff, lower rates of teenage pregnancy, increased participation in physical fitness activities, and a greater interest in cholesterol levels and healthier diets” (Health is Academic, 1998).

The coordinated school health model is designed to improve the overall health and well being of students, thereby improving their academic performance. The model is based on the idea that successful school health programs must engage the entire school system—instruction, services, community, and environment—integrating the efforts and resources of education, health and social service to provide a comprehensive set of programs and services. It recognizes that “piecemeal, competitive, or uncoordinated efforts to address the intertwined social, educational, psychological, and health needs of young people are counterproductive” (Health is Academic, 1998).

A coordinated school health model consists of eight interactive components that require the involvement of everyone in the school, community, and home to create a healthy environment for young people. The specific components include:

- Health education
- Nutrition services
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- Physical education
- Health services
- Health promotion for staff
- Counseling, psychological and social services
- Healthy school environment
- Family/community involvement

The coordinated school health model provides schools and school districts with a framework for organizing and managing a wide range of health initiatives. The model can be used in many practical ways. Schools or school districts can use it to outline ways in which they are addressing specific areas of health. Looking at a specific health area allows them to see if that area is being addressed in each component of the model and to track that the people responsible for each component are working together to implement a comprehensive and collaborative program.

The following chart is an example, taken from guidelines established by the Massachusetts Coordinated School Health Program, of how a school district has used the model to look at a specific health area, nutrition. (http://www.state.ma.us/dph/fch/schoolhealth/cshp.htm).

Chart 1 – Coordinated School Health Model: A Framework for Organizing Health Behaviors

<table>
<thead>
<tr>
<th>Component</th>
<th>Guideline</th>
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<tbody>
<tr>
<td>Health education</td>
<td>Nutrition education should be included in any health education class.</td>
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<tr>
<td>Nutrition services</td>
<td>Lunches should match USDA requirements and offer healthy good tasting foods. Food service personnel should be educated in nutrition and sanitation.</td>
</tr>
<tr>
<td>Physical education</td>
<td>Nutrition should be included in any program devoted to fitness and health.</td>
</tr>
<tr>
<td>Health services</td>
<td>The school nurse or school health center should have nutrition information available and have plans for students with special dietary needs.</td>
</tr>
<tr>
<td>Health promotion for staff</td>
<td>Provide staff with access to nutritional foods and encourage them to set an example for students by choosing healthy foods.</td>
</tr>
<tr>
<td>Counseling, psychological and social services</td>
<td>These services can help by ensuring that kids with special dietary needs are not singled out. They can also look for eating disorders.</td>
</tr>
<tr>
<td>Healthy school environment</td>
<td>Provide healthy food at mealtimes, including parties. Junk food should not be used for fund-raisers or in vending machines.</td>
</tr>
<tr>
<td>Family/community involvement</td>
<td>Parents can be asked to provide healthy lunches and snacks and to attend workshops on nutrition.</td>
</tr>
</tbody>
</table>

Schools can also use the eight components of the coordinated school health model as a framework to outline all the health-related programs and services available in their buildings. This enables schools to identify strengths as well as gaps in their efforts to address the health needs of their students, staff, and community.

The following chart, created by Carolyn A. Read, MSW, MPH, Health Education Coordinator of the Proviso East School-Based Health Center, located in Maywood, illustrates how a school has used the framework to assess how they are fulfilling the goals outlined in the coordinated school health model. The health center is a collaboration effort between the Loyola
University School of Nursing, Cook County Department of Public Health, Loyola University Medical Center, and Proviso Township Schools.

Chart 2 – Coordinated School Health Model: A Framework for Organizing Programs and Services

<table>
<thead>
<tr>
<th>Component</th>
<th>Programs/Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health education</td>
<td>▪ All 9th graders are required to take a semester of health education&lt;br&gt;▪ School-Based Health Center (SBHC) Health Education Coordinator holds health education sessions in classes throughout the school&lt;br&gt;▪ Loyola University nursing students and dietetic interns do health presentations in classrooms.&lt;br&gt;▪ Health Education Coordinator gives health education presentations in Special Education classrooms&lt;br&gt;▪ CPR and First Aid Instruction for faculty, staff, and students&lt;br&gt;▪ Dietetic interns meet with individual students at SBHC</td>
</tr>
<tr>
<td>Nutrition services</td>
<td>▪ Dietetic interns from Loyola University Chicago School of Nursing do classroom presentations and one-on-one counseling with students in health center&lt;br&gt;▪ Junk Free Zone at SBHC (“junk” food is traded for healthy snacks)&lt;br&gt;▪ Cooking with Soul Family Cooking</td>
</tr>
<tr>
<td>Physical education</td>
<td>▪ All students are required to take 4 years of PE – 5 days a week each semester</td>
</tr>
<tr>
<td>Health services</td>
<td>▪ Full-time school nurse&lt;br&gt;▪ Comprehensive health care at SBHC Nurse Practitioner students from Loyola&lt;br&gt;▪ Prenatal classes at SBHC</td>
</tr>
<tr>
<td>Health promotion for staff</td>
<td>▪ Heart Healthy Day (BP, cholesterol, etc) provided by SBHC and Loyola staff&lt;br&gt;▪ Faculty institutes on Stress Management, Domestic Violence, Smoking Cessation&lt;br&gt;▪ Flu immunization for faculty and staff</td>
</tr>
<tr>
<td>Counseling, psychological and social services</td>
<td>▪ Full-time clinical psychologist in SBHC&lt;br&gt;▪ School social workers&lt;br&gt;▪ School counselors&lt;br&gt;▪ Bi-weekly People, Personnel, and Safety meetings&lt;br&gt;▪ Psychology student intern at SBHC</td>
</tr>
<tr>
<td>Healthy school environment</td>
<td>▪ Speed signs outside school by Cook County Sheriff&lt;br&gt;▪ Quarterly District 207 Safety and Security Meetings&lt;br&gt;▪ Asthma 101 for faculty and school staff&lt;br&gt;▪ Increased security staff on school property</td>
</tr>
<tr>
<td>Family/community involvement</td>
<td>▪ Family Evening Nutrition and Healthy Lifestyle program “Cooking with Heart and Soul”&lt;br&gt;▪ Take your parent to school night/day&lt;br&gt;▪ Report Card Pick up Night: Flu shots, BP, cholesterol checks for families&lt;br&gt;▪ SBHC Advisory Board</td>
</tr>
</tbody>
</table>

III. Profiles Of Health-Related Services And Programs

The purpose of the document is to provide several illustrations or “snapshots” of programs and services that schools and providers have adopted to address each of the eight health components of the coordinated school health model. It is important to note that there are
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many health-related programs and services offered throughout CPS and suburban Cook County. It is not the intent of this document to catalogue or evaluate the breadth of programs.

Chart 3 – Examples of Health Programs and Services Organized within the Framework of the Coordinated School Health Model

<table>
<thead>
<tr>
<th>Component</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health education</td>
<td>• The CPS Great Body Shop</td>
</tr>
<tr>
<td></td>
<td>• Northwest Wellness Project (Youth Guidance)</td>
</tr>
<tr>
<td></td>
<td>• The Center for Learning Technologies in Urban Schools (Northwestern University)</td>
</tr>
<tr>
<td></td>
<td>• Prevention Intervention Initiatives (Latina Girls’ Club at Lake View High School, Viking Health Brigade at Amundsen High School)</td>
</tr>
<tr>
<td>Nutrition services</td>
<td>• The Chicago Partnership for Health Promotion (University of Illinois)</td>
</tr>
<tr>
<td>Physical education</td>
<td>• CPS Physical Education for Progress (PEP)</td>
</tr>
<tr>
<td></td>
<td>• CPS School Golf Program</td>
</tr>
<tr>
<td></td>
<td>• Jose Clemente Orozco Community Academy for Fine Arts and Science</td>
</tr>
<tr>
<td>Health services</td>
<td>• Amundsen and Lake View School-Based Health Centers (Advocate Illinois Masonic)</td>
</tr>
<tr>
<td></td>
<td>• School Health LINK, Inc.</td>
</tr>
<tr>
<td></td>
<td>• Pediatric Mobile Health Care (Loyola Medical Center)</td>
</tr>
<tr>
<td></td>
<td>• Dental Sealant Program (Chicago Department of Public Health)</td>
</tr>
<tr>
<td></td>
<td>• Dental Van (Illinois Masonic Dental Residency)</td>
</tr>
<tr>
<td></td>
<td>• School-Based Dental Program (Children’s Memorial &amp; Chicago Department of Public Health)</td>
</tr>
<tr>
<td>Counseling, psychological and social services</td>
<td>• Community Outreach Program (Family Institute)</td>
</tr>
<tr>
<td></td>
<td>• Scholarship and Guidance</td>
</tr>
<tr>
<td>Healthy school environment</td>
<td>• Safer Pest Control Project</td>
</tr>
<tr>
<td></td>
<td>• Healthy School Campaign</td>
</tr>
<tr>
<td>Health promotion for staff *</td>
<td>• Marshall Middle School Health Fair (Youth Guidance)</td>
</tr>
<tr>
<td></td>
<td>• Chicago Center for Family Health (CFH)</td>
</tr>
<tr>
<td></td>
<td>• Maine East High School</td>
</tr>
<tr>
<td>Family/community involvement *</td>
<td>• Community-Provider-Patient Partnership to Improve Asthma (Chicago/Cook County Community Health Council)</td>
</tr>
</tbody>
</table>

* Many of the programs and services identified in this report span more than one component. This is particularly true for the Health Promotion for Staff and the Family/community involvement components.

Component #1—Health Education gives students classroom instruction to develop the knowledge, attitudes, and skills that they need to avoid risky behaviors and to maintain and improve their health.

The Great Body Shop: A Comprehensive System Wide Curriculum

The Great Body Shop is a comprehensive health education program that was implemented in CPS in 2001 as part of the general education curriculum. A taskforce of CPS staff and officials from 15 health agencies and organizations were instrumental in identifying and selecting this curriculum. Since its inception, 490 schools have received instructional materials and over 1500 teachers have participated in 2 days of staff development to become peer trainers and/or materials distributors at their local schools.

The focus of The Great Body Shop is on increasing health literacy for children and parents as well as heightening awareness for risk factors that lead to the use of tobacco,
substance abuse and violence. The curriculum is targeted at students in pre-K through sixth grade. Curriculum materials include teacher’s guides, student issues and parent bulletins that are to be used at home as health resources for the entire family.

One component of the Great Body Shop is an Internet-based inventory of resources on health and safety for use by teachers, students and their families. The website, www.cpshealthykids.org, is designed to help users find lists of resource partners who have volunteered information on speakers, books, videotapes, brochures, posters, and other materials, all of which build on the topics and lessons plans included in the curriculum. It is also designed to help users locate direct health services provided by partners in the community. The website supplements the Great Body Shop curriculum.

The Child Health Data Lab at Children’s Memorial Hospital has designed and is conducting an evaluation to monitor the progress of the Great Body Shop. According to the Chicago Comprehensive School Health Resource Partners’ Newsletter of June 2003, external evaluation results for the first year indicate the following: student outcomes are somewhat more pronounced in low-income neighborhood schools, suggesting that the program is facilitating the biggest gains among students in schools that are most in need of a strong health curriculum; the curriculum is culturally, ethnically, and academically appropriate to a variety of students; anti-smoking, anti-drugs, and anti-alcohol messages are learned early to promote prevention; the student issues and parent newsletter encourage family discussion about health; and parents/guardians observed heightened awareness of health behaviors among their children.

Northwest Wellness Project

Youth Guidance, a school-based non-profit social service agency, helps at-risk students use their talents to create positive futures by providing programs that guide them academically, socially and emotionally, operates the Northwest Wellness Project at two north side CPS schools, Thurgood Marshall Middle School and Von Steuben Metropolitan Science Center. Marshall is a middle school serving 680 seventh and eighth graders. Students from low-income families comprise 91% of the student body. The racial/ethnic demographics are 11% White, 4% African-American, 77% Hispanic, and 6% other. Von Steuben is located on the north side of Chicago in the Ravenswood community and serves a diverse student population: 30.9% are White, 27% African American, 20.4% Latino, 19.7% Asian and 0.9% are from other nationalities. More than half the school’s 1,500 students (56.5%) are from low-income families (Illinois State Report Card, 2003).

The Northwest Wellness Project is currently in its second year. The goal of the project is to provide preventive education to students in order to deter at-risk behavior. Youth Guidance’s capacity to successfully implement this program is deeply rooted in the collaborative relationships that exist within each school community and the wider community as well.

Youth Guidance supports a full-time Health Education Specialist, who divides his time between the two schools. Local businesses including Whole Foods, Starbucks, Dominick’s, Jewel Osco, and Walgreens contribute supplies and Marshall, Von Steuben, and Youth Guidance provide services and additional in-kind support.
The Wellness Project has identified four primary student-oriented goals and strategies for the 2003-2004 academic year:

- Students will learn essential information about pregnancy and STD prevention along with skills to develop healthy relationships and make appropriate life decisions.
- Students will learn essential information about the effects of substance use and abuse, and the potential impact on their lives and will develop skills to help them choose healthy lifestyles.
- Students will learn critical hygiene, nutrition and physical fitness information to support appropriate development and personal choices for healthy lifestyles.
- Students will learn effective strategies for addressing peer and personal conflicts.

These goals will be accomplished through implementation of the following key health education activities:

- Health education in the classroom focusing on topics including racial, ethnic and cultural tolerance, conflict resolution to deter bullying, family planning activities which focus on assertiveness, peer pressure, relationships, and community resources (e.g. field trip to local clinic).
- Bi-annual freshman fitness day at Von Steuben to accumulate health data in order to follow-up and track the health status of incoming freshmen.
- Use of Advisory periods at Von Steuben to assist and/or facilitate various advisory and guidance activities to help students develop goals, make better decisions, and become more aware of the resources available to them.

**The Center for Learning Technologies in Urban Schools (LeTUS)**

The Center for Learning Technologies in Urban Schools (LeTUS), a partnership between CPS and Northwestern University, is committed to urban education reform through the development of inquiry-driven, project-based and technology-rich curricula in which students learn science by doing science. LeTUS strives to enable students to ask and answer meaningful questions through investigative science projects.

A project-based human biology curriculum, called I, Bio, is being piloted by 7th grade high school teachers in CPS schools. This curriculum is an example of how health education can be integrated into a core subject, science. The project is aligned with the goals of established by the National Institute of Health (NIH), to improve the public’s health science research “literacy”. Improved “literacy” means that the public is better able to make informed decisions about their health-and wellness-related behaviors.

At the heart of the I, Bio curriculum, students complete a project to explore how well choices from their school lunch menu meet their bodies’ needs. Students design and redesign their school lunch choices based on energy consumption measured from their own bodies. Along the way to successfully completing this project, students learn human biology content about how
their bodies get the energy they need to do and live and grow from the food they eat, and how their bodies’ organs and organ systems interact to transform and harness this energy in food.

The curriculum provides for significant learning opportunities in science content and meets a substantial number of CPS academic standards. It is designed to teach human biology in the context of real-world topics that are personally relevant and intimately familiar to students. Design projects are based on individual eating and activity logs, as well as physiological data students collect from their own bodies.

Northwestern University, through the School of Education and Social Policy, sponsors a summer institute for teachers using the curriculum, as well as ongoing professional development opportunities. Curricular materials and equipment, as well as technical assistance are provided as well.

Teachers at the following CPS schools are currently using the I,Bio curriculum: Canter, Chase, North Kenwood/Oakland Charter, Mary Lyon, Ames, Deneen, Marconi Academy, Steinmetz, Whitney Young, King College Prep, Kenwood, Walter Payton, Westinghouse, Jones College Prep, and Senn.

Prevention Intervention Initiatives

The School-Based Health Centers at Amundsen and Lake View High Schools offer students the opportunity to participate in two empowerment groups, the Latina Girls Club and the Viking Health Brigade. These groups provide students at both schools with a forum in which to develop peer leadership skills, set and achieve both personal and group goals, and contribute to a healthy school environment. The fundamental purpose of these preventive interventions is to address issues critical to the students’ development with the goal of increasing their chances for long-term success and breaking the cycle of poverty common to many students at these schools.

The Latina Girls Club was established in 2000 in response to several Latina girls’ frustration and self-doubt about their heritage and concerns about their futures. Over the past two years the club has flourished and has over 65 members representing eight Latin American countries. The Latina Girls Club is organized and run by the girls with the support of facilitators from the Lake View School-Based Health Center and Lake View’s Spanish Department. The motto of the Latina Girls Club at Lake View High School is “We are the new leaders of the world and women are capable of doing anything so let’s do it!” The club, Members meet weekly before school. The girls participate in many activities and conferences made possible through their own fundraising as well as a grant from The Girls Best Friend Foundation.

The main objectives, established by the founding members of the Latina Girls Club, are understanding their heritage and overcoming stereotypes, pursuing resources to expand opportunities for their futures, sharing what they have learned with their families and other students, and team building. The girls vote at the beginning of each academic year to determine the specific focus of the year’s activities and conferences. According to the club’s brochure, the club is successful because “…when girls support each other and believe in each other’s dreams they are less likely to join a gang, get pregnant, do drugs, drop out of school, etc.”
The **Viking Health Brigade** targets young adults at Amundsen High School who are interested in exploring health careers. The mission of the group is “to help students learn to think critically and apply critical thinking skills to their own behavior so that they can be healthy for the rest of their lives.

The Viking Health Brigade has been meeting once a week for three years and averages ten students per meeting. Club activities have a strong community-service and public health focus. Activities have included: learning CPR, first aid, and how to take blood pressures. Students have done blood pressure readings at the Ravenswood 5K Run and at the Levy Center, a north side senior center. With the support of the Lincoln Square Chamber of Commerce, the group conducted “guerrilla” blood pressure readings by going store to store and taking readings of sales staff and customers while engaging them in discussions about the implications of the readings.

**Component #2—Physical Education** teaches students fitness skills and promotes lifelong physical activity.

**Physical Education for Progress (PEP)**

CPS, through the Department of Sports Administration, has been awarded a Physical Education for Progress (PEP) grant through the U.S. Department of Education. PEP grants are designed to help initiate, expand, and improve physical education programs for kindergarten through 12th grade students. Funds can be used to purchase equipment, develop curriculum, hire and/or train physical education staff, and support other initiatives that will enable students to participate in physical education activities.

The CPS PEP project is an innovative physical education model that emphasizes the health and well-being of the whole child rather than sports related skills. The goal of the program is to ensure that target students participate in a quality research-based physical education curriculum taught by well-trained physical education teachers that results in behaviors that foster lifelong health, fitness, and wellness. The project has four components: a quality, research-based curriculum; a technology-reacted fitness assessment; professional development and support for teachers; and an after-school program.

The project will be implemented in 36 elementary schools and impact approximately 28,000 students in kindergarten through 8th grade. Eighteen (18) teachers in the identified schools will participate in professional development and facilitator training. These 18 teachers will in turn train an additional 18 teachers during a Summer Institute. Each teacher will receive materials, and follow-up support to reinforce training and adapt curriculum to the school. Safe and structured activities that are aligned with the project curriculum will be available from 2:00 PM – 6:00 PM.
The professional development component of the project will ensure that schools have built in the capacity to sustain the project after federal funding ends. It is the intention of CPS that the initial 36 schools will serve as models for other schools in the system.

The CPS Department of Sports Administration is in the process of identifying participant schools. Eighteen schools for Phase One of the project will be selected by May 2004.

The School Golf Program

CPS, through its Department of Sports Administration, has made available to interested schools a Golf Program that is designed to expose students to the sport and the life skills it offers. Students not only learn the fundamentals of golf but also learn important life skills such as patience, honesty, and communication.

To date, over 40 CPS schools have elected to participate in this program. Physical education teachers offer the program during regularly scheduled physical education classes using SNAG (Starting New at Golf) equipment. Students who show an interest in continuing the sport will be provided access to golf equipment that they can use at local golf facilities.

Equipment and teacher training is provided at no charge to the school. Schools must, however, agree to the following conditions: participate in teacher training; implement the program a minimum of four weeks at the primary level and at the intermediate level in a minimum of three grades; implement the program as designed following the National School Golf Program (NSGP) curriculum and instructions; distribute and collect surveys; complete assessment components for designated number of children; complete all elements within the required timeframe.

George W. Curtis Elementary School is one of the CPS School Golf Program participants. Curtis is located in the Roseland community within the far east corridor of the city of Chicago. The racial/ethnic distribution of the school is 99% African American. Ninety four percent of the students are considered low income. The total school enrollment is 752 students. (Illinois State Report Card, 2003).

The Golf program at Curtis has resulted in many positive outcomes. Since its inception, the physical education teachers have seen an increase in students’ vocabularies and listening skills as well as a greater heed to safety skills. Other teachers in the school have seen the impact of the program in academic areas, particularly in math and science. An unanticipated outcome has been increased parental involvement. Fathers are working with their children, volunteering to go on field trips with the students, and taking their kids after school and on weekends to play golf at public courses. CPS has secured additional grant money to provide interested and committed students with their own personal equipment.

Jose Clemente Orozco Community Academy of Fine Arts and Sciences

The Jose Clemente Orozco Community Academy of Fine Arts and Sciences is a middle school, serving 6th – 8th grades in the Pilsen neighborhood. They also house a Bilingual Gifted
Program (Spanish – English) grades 1st – 8th, a Transitional Bilingual Program for recent arrivals, and a Cross-Categorical Special Education Program. Orozco’s total enrollment is 787 students, 96% of whom are Hispanic and 97% considered low income (Illinois School Report Card, 2003).

The Orozco Academy provides students with a wide range of opportunities for physical fitness. Two examples are a collaborative agreement with the Harrison Park and the school’s Academy Days.

Harrison Park is located across the street from Orozco Academy. A collaborative agreement between this facility and the school allows students at Orozco to take advantage of many physical fitness opportunities. First through fifth graders are able to take swimming and gymnastics classes from Park District staff. In addition, the physical education teachers at Orozco are able to use the Park District’s soccer field and running track for classes and activities.

Orozco offers a special half-day activity, Academy Day, where students have the opportunity to select a fine art or special interest activity elective class. Academy Days take place every 11 school days. The purpose of this special day is to provide the students with a chance to explore different activities that require a high level of participation and cooperation, without the stress of being evaluated. The program was originally conceived to further expand the concept of Orozco being a Fine Arts Academy that “strives to cultivate students’ special interest in a way that is meaningful, educational, and above all, fun”. Many of these activities are fitness oriented.

All program teachers meet to brainstorm activities and develop short descriptions of class offerings including the minimum/maximum number of students that can participate. A schedule is created based on the four periods of the regular school day.

Once the selections and the schedule are generated, all students meet in the cafeteria by grade levels. They are introduced to teachers who describe the activities they will sponsor and are given a student ballot. Students have the opportunity to select their favorite three activities, numbering them in order of interest.

Ballots are tallied and students are given, whenever possible, their first activity choice. In cases where the number of interested students is greater than the designated maximum, however, students are given their second or third choices. Once assignments are made, students are required to sign a participation contract, promising 100% participation, cooperation, and punctuality. Students who do not abide by the contract are given one warning and on the second offense are suspended from the program. Students attend the same activity for the duration of the school year.

Examples of activities offered during the 2003-2004 academic year are: amateur-advanced tumbling/gymnastics, art of collecting, beginning gymnastics, body tone, computer animation, computer software exploration, dance fitness, digital video production, drum corps, general art making, introduction to mural painting, karaoke, paper projects, print shop, recorder band, slim fast boys, slim fast girls, tai chi, web page design, weight training/body building.
Academy Day has many direct and indirect outcomes. Students not only learn new activities and skills, but they also learn how to make choices and interact with students from other grades and classes, such as special education. They are taught the concept of commitment and responsibility by signing a participation contract. Because of the staggered scheduling, groups of students are leaving core classes to attend activities over a span of four periods. This means increased opportunities for individualized instruction with the students that remain in each class.

Component #3—Health Services include early diagnosis and prevention of health problems and management of, or referrals for, acute and chronic health conditions.

All schools are mandated to provide a core of basic health services, which include mandated and necessary screenings, monitoring of immunization status, administering first aid, and assistance with medication during the school day. Many schools have opted to provide expanded health services. The extent of these expanded services varies widely from school to school, depending on the needs of the students, school characteristics, and community resources.

School-Based Health Centers

School-based health centers are located directly in the school or on school property and are administered as partnerships between schools, health departments and local medical, mental health and social service providers. These health centers are staffed by an interdisciplinary team of physical and mental health professionals who provide primary and preventive health care services to students while reducing lost school time, removing financial barriers to care and promoting family involvement.

School-based health centers are often considered 'safety net providers' because they provide health services to children and adolescents who would not otherwise have access to services. A student's encounter with the health center is often their first encounter with any health care provider. Centers are cost-effective in that they play a vital role in providing preventive services that reduce potential for engagement in high-risk behaviors at an early age, thus preventing the need for acute care in the future.

School Health Centers often serve low-income children who are in poor health because they have not received routine primary health care services in the past. One in seven teens has no health insurance and private health insurance plans frequently place restrictions on services for teens.

There are currently over 1500 school-based health centers nationally, 42 of which are in Illinois, and 20 in Chicago. The scope of services varies among health centers, but the majority provides comprehensive primary and mental health services, as well as health education and preventive services. Comprehensive assessments, diagnosis and treatment of acute illnesses, well child exams, mental health counseling, chronic health management, laboratory services, and prescriptions are commonplace in the health center.
Local, state, and federal public health and primary care grants, community and family foundations, donations, and reimbursement from public and private health insurance support school-based health centers in Chicago. Individual schools and CPS provide in-kind donations of space, maintenance, utilities, and teacher and administrative support.

Research shows that school-based health centers contribute to fewer school absences, fewer hospitalizations and ER visits, higher compliance with immunizations and physicals, decreased cigarette and pot smoking, decline in teen pregnancy, increased knowledge about health, reduced loss or work time for parents, lower school drop-out rates, crisis intervention and improved identification and treatment of mental health needs.

Most health centers in Chicago provide services to the students registered in their schools. Some high school centers have opened their services to the young children of teen parents in the school and others provide limited services to students in surrounding schools.

Examples of comprehensive health service facilities are the Amundsen and Lake View School-Based Health Centers, operated as a collaboration between Advocate Illinois Masonic Hospital, the Chicago Department of Public Health, and CPS. Amundsen and Lake View High Schools are located on the north side of Chicago. More than 20% of the students currently attending Amundsen were born outside the United States, representing 35 language groups and 94% of the student population is considered low-income. Eighty-four percent of Lake View’s students come from low-income families. The racial/ethnic demographics of Lake View are quite different from Amundsen, with 59% of Lake View’s students are Hispanic, many of whom are second generation.

The guiding principles of the health centers are the knowledge that an integrated, multi-disciplinary approach is absolutely essential in order to meet the complicated behavioral, social, and physical needs of adolescents. Staff members work closely together to provide “adolescent-friendly”, comprehensive primary care for acute and chronic conditions, individual, family and group mental health care, social service referrals, health education, physical therapy, and substance abuse identification, intervention, and treatment. Health education is an integral part of every health center encounter.

The health centers have 3 exam rooms, a laboratory, counseling room, conference room, and a reception area. They are open Monday – Friday from 8:00 AM – 3:00 PM during the school years and summer school. All students attending Amundsen and Lake View are eligible to receive services at the health centers if they have a signed parental consent form on file.

Over 90% of Amundsen and Lake View students are enrolled in the health centers. The health centers log over 4,000 patient encounters per year, approximately 20 students per day at each center. This number does not include the prevention and intervention groups run by the health educator and the mental health professionals, or the health presentations provided by the staff in classrooms.
Each health center employs a full-time clinical psychologist, the equivalent of a full-time nurse practitioner, eight hours of physician time per week, a health educator, and a secretary/receptionist. A site director and medical assistant divide their time between the two centers. The Amundsen Health Center has a second clinical psychologist/researcher who focuses on prevention activities. On-site dental care is provided by the Advocate Illinois Masonic mobile dental van. An Illinois Masonic physical therapist and a substance abuse counselor spend half a day a week at both health centers. A collaboration with UIC provides dietician services one half day a week at both centers.

The following goals drive service provision at the health centers:

- Provide comprehensive, accessible, and adolescent-friendly physical and mental health services.
- Provide students with the skills and knowledge to choose healthy lifestyles and reach their full potential both as adolescents and adults.
- Increase primary prevention activities at both centers and in the schools.
- Integrate the importance of health into the school culture.
- Train medical and mental health professionals.

**School-Linked Health Services**

Some school districts and clusters of schools provide expanded health services using the school-linked model, which is defined as a health center located beyond school property that serves one or more schools. The center may also serve young people who are not students. The center usually has formal or informal ties to the schools, including accepting referrals from school personnel, providing priority appointments for students, marketing the services of the center in the school, and offering classroom health education.

The **School Health Link Inc.**, serves students from all schools in Rock Island County. The county is classified as rural and has a school population of 29,495. Thirty-six percent of the students qualify for free or reduced lunch. Two school linked health centers serve students from 68 elementary/junior high schools and 13 high schools. The total enrollment for the health centers is 5,324 children. Services are advertised as from “birth to high school graduation”.

The LINK is open Monday through Friday, 8:00AM – 4:30 PM twelve months a year. Staff for the two sites includes three part-time pediatricians, two full-time Nurse Practitioners, two Public Health nurses, and an LPN, a Receptionist and an Office Manager.

The health centers provide comprehensive care including school and sports physicals, immunizations, physician and RN assessments, office lab tests, lead screenings, TB testing and referrals, STD testing and referrals, pregnancy testing and referrals, HIV testing and counseling referrals for mental health, dental, vision nutrition, labs, pharmacy, and X-ray. In addition to on-site services, the LINK provides the following special programs: pregnancy prevention education for parents on how to speak to their children about sex and pregnancy prevention; a program that provides asthma medication, education and treatment for children who are under or uninsured; a
10 week weight program with a nutrition, exercise and mental health component; and a student involvement program that provides students with leadership and advocacy opportunities.

The LINK has 501(c)(3) status and 5 “owners” who include Illini Hospital, Trinity Medical Center, Rock Island County Health Department, United Township High School and Rock Island Schools, District 41. All of the “owners” donate in-kind services or funds towards the operation of the centers. Students and their families are expected to pay for services. Charges are based on income and family size using the poverty income guidelines published by the Department of Health and Human Services annually. No services, however, are ever denied. The LINK also bills the Illinois Department of Public Aid. The LINK does not bill insurance companies but does provide encounter forms so families can submit bills.

**Mobile Care**

The **Pediatric Mobile Health Unit** of Loyola University Medical Center (PMHU) is a self contained self powered custom built fully equipped medical facility on wheels. Since its launch in 1998, the PMHU has provided over 140,000 health care services to children in need. The PMHU model provides a complete and comprehensive range of cost effective health care services. Services include: sick and well infant, toddler, and child visits, school and sports physicals, laboratory testing, immunizations, vision and hearing testing, prenatal, health education and nutrition counseling, and insurance referral and application. The majority of the families served through the PMHU is uninsured and have no health care provider.

In a move to improve medical services for children and families that do not have access to health care, the Chicago area mobile health care clinics have formed a new coalition. There are currently 28 members of the Mobile Health Providers Coalition who will meet on a regular basis to network, benchmark cost, share ideas and resources and provide support to one another. For example, the Loyola Pediatric Mobile Care Unit currently has visits scheduled two-years in advance. Schools or community agencies seeking new services, however, can be put in touch with other providers through the Coalition’s network.

**Oral Health**

Dental care has been seen as a luxury, but it is a necessity. Children of poor families have little access to basic dental services because of poverty, lack of oral health education and shrinking number of dentists. The US Department of Health and Human Services describes dental health as the silent epidemic—60% of 1st graders and 80% of 17 year olds affected by tooth decay—51 million school hours lost to dental-related illnesses each year.

Examples of delivery systems for providing oral health services in CPS include dental sealant programs, dental vans, and school-based dental programs.

The **Chicago Department of Public Health** (CDPH) is in its second year of a three-year contract with Chicago Public Schools (CPS) to manage the school-based oral health programs in CPS schools. Funds to support this program come from Medicaid reimbursement. Approximately 160 CPS schools are part of the dental sealant program.
The School-Based Oral Health Program provides sealants for 2nd and 6th graders. One of the biggest challenges facing this program is the low number of students receiving Medicaid in Chicago—83% of students in CPS are on free and reduced lunch but only 53% are registered as Medicaid recipients. Because the dental sealant program is supported through Medicaid reimbursement dollars, schools that have less than 40% Medicaid population are not currently eligible for the sealant program.

Schools participating in the program are asked to provide space, student ID numbers, full name, date of birth, classroom number and grade, and telephone contact number. The principal is also asked to designate an internal school contact person. This designated school person is responsible for disseminating and collecting the signed parental consents and making sure teachers and students are prepared for the days that the providers come. Students generally miss no more than 45 minutes to an hour of classroom time.

The key ingredients to a successful partnership between a school and the dental sealant program were identified as: a supportive administration, a solid internal contact person, oral health education for teachers and principals, and a way to sign up kids for KidCare.

The Advocate Illinois Masonic Dental Mobile Van is a handicapped-accessible Winnebago, custom equipped with two dental chairs, sterilization equipment and x-ray unit with a processor. The van is operational five days a week and is staffed by two dental assistants, a driver, one dentist and one dental resident. Staff provides virtually all dental services from simple cleanings and x-rays to filings, root canals, crowns, dentures and oral surgery. The Mobile unit travels throughout the city and to the suburbs, serving senior citizens, the disabled, the homeless, and others who face difficulty accessing adequate dental care. The van provides dental services to three high schools—Amundsen, Lake View and Proviso East. Services to students are offered at no cost.

The School-Based Health Center at Arai Middle School provides comprehensive dental services to its students in an on-site dental operatory. Joan F. Arai Middle School serves 467 students in 6th, 7th, and 8th grades. The school has an ethnically diverse population including African Americans, Africans, Hispanics, Asians, and Middle Eastern Whites. (Illinois School Report Card, 2003).

The Dental Residency Program at Children’s Memorial Hospital donated equipment for the operatory. The residency will use the health center as a training site for its dental residents. Residents, faculty, and a dentist from the Chicago Department of Public Health will provide services during the school day.

Component #4—Nutrition Services provide nutritious, affordable, and appealing meals and promote healthy eating behaviors for all children.
The Chicago Partnership for Health Promotion

The Chicago Partnership for Health Promotion, administered by the Neighborhoods Initiative of the University of Illinois (UICNI), is designed to reduce the disparities in the prevalence of and adverse outcomes associated with nutritional diseases. The target population of the project is low-income food stamp eligible individuals who reside in Chicago. The United States Department of Agriculture’s Food Stamp Program provides matching funds for the initiative.

Through this program, UICNI provides at no charge nutrition educators, training protocols and curricula to community participants through community-based education programs, school-based education programs, and case management/clinic interventions.

Several Chicago and suburban schools are participating in The Chicago Partnership for Health Promotion. The partnership with the School-Based Health Center at Evanston High School illustrates how this program can be integrated into school health services.

The Evanston School-Based Health Center, in collaboration with staff from The Chicago Partnership for Health Promotion, have developed and implemented a pilot nutrition intervention project. Any student seen at the health center who has a Body Mass Index (BMI) at the 85th percentile or greater for their age can sign up for the program, which consists of a series of 5 visits with incentives at each visit. The first visit is a physical exam and a blood draw, the second visit is with a social worker who does a psychosocial assessment, and the last three visits are with the UIC dietician who does one-on-one counseling. Incentives include a granola bar for the first visit, a journal and a pen after the second visit, and a healthy lunch at each nutritional counseling session. Additional incentives include gift certificates for movies and department stores, as well as free passes to the YMCA. The goal of the program is not to lose weight but rather not to gain weight.

The Chicago Partnership for Health Promotion is also working with health centers at Suder Elementary School and Amundsen and Lake View High Schools. Interventions at these schools take the form of one-on-one counseling with students and classroom education around nutrition. The nutritionist provided through The Chicago Partnership for Health Promotion has also conducted healthy cooking classes for students and their families.

Component #5—Counseling, Psychological and Social Services help develop positive learning environments and offer early intervention, services, and referrals for the cognitive, emotional, behavioral, and social needs of students and their families.

Family Institute

The Family Institute is the oldest and largest center for family and marital therapy training, treatment and research in the Midwest. Its Community Outreach Program (COP) places staff therapists and therapists-in-training in schools and community-based agencies to provide individual, family, and group therapy for low-income Chicagoans. COP offers high-quality
counseling for persons with little access to, but great need for, mental health services. Staff help children develop self-esteem and become invested in school, equip adults to cope more effectively with stress and develop stronger parenting skills, enable families to identify and utilize support systems, and show social service and school staff how to work more effectively with children and families.

Family Institute staff has been at the New City YMCA and Byrd Elementary School in Cabrini Green for more than ten years. They began working with Spanish-speaking children and families at Funston Elementary School in Logan Square in 1999 and at Brentano Math and Science Academy in 2001. The bilingual therapist working at Brentano has become an integral part of the school, seeing students and families between 10:00AM and 6:00 PM three days per week.

**Scholarship and Guidance**

Each year, Scholarship and Guidance provides nearly 12,000 hours of therapy, case management, and prevention services for more than 2,000 adolescents, their parents, and young adults (up to age 25). Special workshops, referrals, and consultations reach an additional 500 youth. In 2003, Scholarship and Guidance staff provided services to over 918 students in 12 schools. The majority of these schools are in located in the North/South Lawndale, East/West Garfield, and Austin neighborhoods.

The majority of students served are referred to Scholarship and Guidance by school counselors, but an increasing number are seeking help on their own, usually after being introduced to a Scholarship and Guidance therapist during a classroom presentation. At least a fourth of the students engaged each year work individually with a therapist, many for up to six months. Therapists see very few parents. Students referred for counseling face a variety of challenges, including family and community violence, low self-esteem, gang involvement and harassment, difficulty with acculturation, and poor impulse control and problem-solving skills. Scholarship and Guidance tracks their progress meeting treatment goals using a standard psychological assessment scale and administers pre-and post-tests to determine whether or not they understand materials covered.

Students who work most intensively with Scholarship and Guidance report better grades, better attendance, and being better able to concentrate on classroom activities by the end of the school year. Scholarship and Guidance estimates that 90% of students served remain in school through the end of the year. Many students receive support spanning multiple grade levels.

Several recent studies and our own experience with school-based health clinics confirm Chicago's great unmet need for counseling for children and youth. While bilingual counselors are in particularly short supply, five of Scholarship and Guidance’s six school-based therapists are bilingual.
Component #6—Healthy School Environment reflects a school’s efforts through supportive policies, programs, and safety measures, to provide a positive physical, social, and emotional climate for students.

CPS Environmental Health Projects

The Safer Pest Control Project is a non-profit organization dedicated to reducing the public health risks and environmental impacts of pesticide use and promoting safer alternatives in Illinois. The Safer Pest Control Project has been instrumental in advocating for and teaching the practice of Integrated Pest Management (IPM) in Chicago schools. IPM is a proven method of pest control that eliminates the root cause of pest problems by minimizing pests’ access to food, water, and hiding places and handling pest problems in the least hazardous way.

Chicago students have a high incidence of asthma. IPM is of great importance to these students and their families because both cockroaches and cockroach sprays are believed to be critical asthma attack triggers. As a result of united action among a coalition of environmental advocates, including the Safer Pest Control, IPM was adopted by legislative mandate as the rule for all Illinois school systems. CPS adopted the policy in 2002 and the Safer Pest Control Project has played a major role in training and strategic planning for the systemic implementation of IPM within CPS.

The Healthy Schools Campaign is a broad-based coalition, endorsed by over 80 organizations, aimed at making schools environmentally healthy places to learn and work. The work of the campaign is predicated on scientific evidence pointing to environmental chemical exposures as a significant cause of childhood disease and cancer. The campaign has been active in examining the nature of school environmental health problems, looking at the barriers that school districts face in improving school environmental health, studying how other states and school districts are addressing this problem, and assessing the political environment to evaluate the feasibility of making changes. Based on their research, the Campaign has reached the following conclusions:

- Because law mandates school attendance, the federal and state governments and local school districts have a responsibility to provide healthy school environments.
- Illinois laws and regulations do not adequately address the need to protect children from environmental exposures while in school.
- Unhealthy school environments impact students’ abilities to learn and teachers’ abilities to teach. A healthy learning environment is a critical component and must be included in the discussion on improving academic performance.
- Attention to maintenance practices that promote healthy indoor environments is important in protecting the state’s recent $2 billion investment in school infrastructure.

The Healthy Schools Campaign is planning to introduce the Healthy Schools Best Practices Act, which will:
- Amend the Health, Life and Safe Provision of the School Code by requiring all school districts develop Indoor Air Quality (IAQ) Management Plans.
- Require the State Board of Education work with the Illinois Department of Public Health to develop materials and provide training to school districts in developing IAQ Management Plans.
- Amend the Better Schools Accountability Law of 1985 by including information about school facilities in the annual school report card.

The Healthy Schools Campaign is also working directly with CPS to adopt policies and programs that promote healthy schools environments. More specifically, the Campaign is working to insure implementation of CPS’ Integrated Pest Management Policy and adopt a Green Cleaning Program.

Component #7—Health Promotion For Staff includes activities to maintain and improve the health of school staff, contributing to better morale and providing healthy role models for students.

Northwest Wellness Project

In addition to student-oriented goals, The Northwest Wellness Project, sited in the Health Education component, addresses issues related to school staff, families, and the community. This Youth Guidance sponsored project not only targets students but also faculty. One project goal is to encourage community awareness related to health among the teachers and school staff at Marshall and Von Steuben. To this end, the program’s health educator organizes an annual health fair for Marshall teachers and in-service training at both schools. Over 15 community health care providers are invited to the health fair in order to present their services to the faculty/staff as well as provide direct health screenings. These screenings include blood pressure, pulse, cholesterol, blood sugar, podiatry and vision. In addition, massages are provided as well as healthy gift bags (e.g., aspirin, nail clippers, napkins), healthy snacks, and larger prizes/donations provided through local businesses.

Chicago Center for Family Health

The Chicago Center for Family Health (CFH) provides training in a resilience-oriented approach to strengthening families in crisis for professionals working in health, mental health, school, and social service settings. School social workers grapple with serious issues but receive little professional development. CFH programs are designed to address these professional training needs.

During the 2002/03 school year, CFH sponsored professional consultation groups and a two-day summer institute to help school social workers deal more effectively with troubled students and their families. Twenty-one school social workers (12 from CPS) participated in one of three consultation groups that met every other week for 30 weeks. Two more consultation groups, for 35 social workers (20 CPS) are planned for the 2003/04 school year. Forty-five school social workers participated in the summer institute.
Maine East High School

Maine East High School, located in Park Ridge, has a student enrollment of 2,202. Sixty-six percent of the students come from homes where English is not the primary language, representing over 49 different languages. The major language groups include Polish, Spanish, Gujarati, Filipino, Urdu, Malayen, Assyrian, Korean, Russian, and Serbian. Forty-five percent of the students were born outside of the United States.

Maine East’s full time school nurse coordinates health promotion activities for the staff. These activities include annual flu-shots provided in collaboration with the American Lung Association, annual blood screenings by Lutheran General Hospital, blood pressure monitoring, CPR training, and in-service training on a variety of relevant health topics, such as the flu, TB, etc.

Component #8—Family/Community Involvement creates partnerships to support students’ health and academic achievement by making the most of available resources and expertise.

The Community-Provider-Patient Partnership to Improve Asthma Care

The Chicago/Cook County Community Health Council (CHC) is a non-profit organization founded in 1991 by the Chicago Department of Public Health and the Cook County Bureau of Health Services. It is designed to provide a mechanism for increased collaboration among community residents, government agencies, and health care providers to work together to solve the health care problems in their neighborhoods. The goal of the Council is “to bring people around the table to create positive changes in the health of the communities we serve.” (Chicago/Cook County Community Health Council, Annual Report 2001).

The CHC encompasses six community-based District Health Councils (DHCs) and a Board of Directors. The DHCs are community health care coalitions each comprised of about 30 health care providers, elected officials, community health activities and others who work and/or reside in a distinct geographic area who work together to identify local health care needs and concerns and to develop a more appropriate response to them. The Board serves as an umbrella organization providing policy direction and technical assistance, and secures funding.

In 1994, the CHC and its DHCs began conducting health assessments of the communities they represent in Chicago and suburban Cook County. Based on these assessments, the local councils made plans to address specific health concerns in their communities and decided to focus its collective effort on asthma, the single health issue of greatest common concern.

In 1999, the CHC launched The Community-Provider-Patient Partnership to Improve Asthma Care. The project had three goals: changing medical providers’ behavior and the system of care in their sites to improve the way they deliver asthma care to patients; empowering patients to participate fully in their care; and helping communities advocate for improved asthma standards and to raise asthma awareness in the districts. Over a three-year implementation
period, the Community-Provider-Patient Partnership to Improve Asthma Care worked with 211 medical providers and over 250 support staff to improve clinical care in 30 primary health care sites and has reached over 700 asthma patients and thousands of local residents with its asthma awareness messages.

The CHC is currently focusing its collective efforts on a diabetes initiative.

**IV. Critical Success Factors**

As stated earlier in the report, schools can be powerful sites for providing expanded health services for children and adolescents. Schools, however, cannot be the sole, or even the major provider of these services. It is critical for them to develop close links with community health providers. By merging their collective strengths, schools and community health providers can more effectively impact the health and academic performance of students.

Collaboration between the school and community providers, however, presents many challenges. The diverse and interdisciplinary skills and backgrounds that school and community provider personnel, both staff and administrators, represent can bring richness to programming. The obligations and priorities of educational institutions and the professional standards and practice expectations of health care, however, can also lead to service overlap and duplication as well as misunderstanding between the partners. Other potential challenges to collaboration include competition for space, supplies, and resources.

The following factors can contribute to successful collaboration and the comprehensive integration of health programs and services into schools:

- Decisions are based on a sound assessment tool, which includes not only needs but also internal and external assets.
- A deliberate and measured planning period, which involves all key stakeholders.
- Buy in from all stakeholders (teachers, administrators, parents, support staff, external partners, students).
- A common vision and recognition of mutual self-interest.
- Identified framework for shared decision-making and management.
- Recognition of differences that arise from the multidisciplinary nature of health services and the differences between the medical and school cultures.
- Memoranda of understanding that address collaboration issues such as policies and procedures, space, interdisciplinary coordination, governance.
- Coordinated and integrated efforts with existing systems, never supplanting school services.
- Professional development of school and provider personnel.
- Secured commitment from the principal.
- An on-site liaison with dedicated time for program coordination.
- Celebration of successes.
- On-going evaluation of programs and delivery mechanisms.
- Development of plan for financial sustainability.
- Efforts incorporated in the SIPAA.
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