A National Effort to Link Health and Education for Children

Population Health Sciences

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Success in school is hard to achieve without good health. That's why the federal government is stepping up its efforts to build sustainable partnerships that promote the crucial linkage between health care and education for children.

Last month, the U.S. Department of Health and Human Services (HHS) and the Department of Education (DOE) urged states, public health agencies, local hospitals and school districts to partner together to connect health and education services. By better linking children's education and health services, the departments hope to reduce health disparities and improve academic achievement.

HHS and DOE encouraged states and local stakeholders to collaborate around what they described as five high-impact opportunities.

- Help eligible students and family members enroll in Medicaid, the Children's Health Insurance Program (CHIP) or the Marketplaces
- Provide and expand reimbursable health services in schools
- Provide or expand services that support at-risk students, including through Medicaid-funded case management
- Promote healthy school practices through nutrition, physical activity and health education
- Build local partnerships through partnering with a school-based health center or participating in a hospital community needs assessments

The announcement of the shared commitment between HHS and DOE is a first step in creating a national culture that recognizes the importance of being healthy to succeed in education. In my work as an education researcher, I have witnessed firsthand the disparities that students face when their physical, behavioral and

mental health are not considered to be factors in academic success. While conducting research with a local GED program, I learned that many of the low-income black male students in the program had seen violence or experienced it personally, were homeless, or lived in foster care at some point in their lives. Behavioral and mental health services were not easily accessible in their high schools, so many of these students saw the GED program as their best option because they could receive support services and case management resources there.

HHS and DOE also released a toolkit entitled "Healthy Students, Promising Futures" that includes research, resources and examples that stakeholders can use when determining how they can partner around each high-impact opportunity. For example, a school district in Virginia worked with the state to ensure that the district's school-based health clinics were able to claim Medicaid reimbursements for services delivered to Medicaid-enrolled children. The funds support nursing services, medical equipment and other school clinic supplies, thereby sustaining the clinics and services that children need.

Other examples for how to build partnerships between health and education can be seen right here at CHOP. The Karabots Pediatric Care Center houses several community programs including Early Head Start and Reach Out and Read – a program that delivers a new book at each well-child visit and offers age-appropriate tips about reading. CHOP is also partnering with the School District of Philadelphia (SDP) to provide select schools with on-site health care teams, which include a registered nurse and nurse practitioner. These teams provide required health screenings and physicals to students.

PolicyLab has also been involved in collaborative work around education and health services in recent years. In 2013, PolicyLab was commissioned by the Philadelphia Mayor's Office of Education, the Philadelphia School Reform Commission, the Philadelphia Department of Human Services (DHS) and the SDP to examine the distribution, concentration and academic outcomes of youth in Philadelphia's public schools involved with the child welfare or juvenile justice system. The research was requested to inform policy decisions intended to improve educational successes for youth involved with DHS. Our report found that 17 percent of Philadelphia students had ever been involved with DHS, and those students had greater educational needs than their peers. Our report also found that students who had been involved with DHS tended to be clustered in certain school types and had lower educational outcomes than students without DHS involvement. As a result of our findings, SDP and DHS deployed 27 social workers, called Education Liaisons, to Philadelphia public schools with substantial populations of students involved with DHS.

Then in 2014, PolicyLab, in collaboration with researchers at Johns Hopkins University, was commissioned by Project U-Turn, a campaign to resolve Philadelphia's dropout crisis led by the Philadelphia Youth Network (PYN), to conduct a study examining the graduation and dropout rates in Philadelphia, with a focus on youth involved in the child welfare and juvenile justice systems. This report found that DHS-involved youth had lower graduation rates and post-secondary enrollment compared to students without DHS involvement. We recommended that cross-sector collaboration between the SDP and DHS is needed to ensure DHS-involved youth get the support they need in order to succeed.

While our states and local entities work tirelessly every day to provide quality health care and education, many children and adolescents still face disparities in health and education outcomes. As someone committed to ensuring that there is equity in education for all children, I believe the commitment between HHS and DOE is long overdue. This commitment paves the way for more intentional collaboration of all stakeholders to narrow health and education disparities for all children.