SCHOOL-BASED HEALTH SERVICES
Strengthening Opportunities for Utah Student Health, Wellness and Success

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School Health Services Overview

Schools play a vital role in helping children and families stay healthy. During the pandemic, Utah schools experienced a heightened focus on their role in promoting student health and wellness.

Yet even before the pandemic, schools were critically important serving students with complex medical needs or chronic conditions, helping students access preventive care and supporting students’ mental and behavioral health.

In 2020, many children missed out on important health care needs, underscoring the importance of school health during the 2021-2022 school year. Over the next year, schools will be uniquely positioned to improve student health outcomes, not only protecting children from COVID-19, but also helping children reconnect with missed care and support.

Across Utah, school-based health care services are historically under-resourced and fragmented.

Most notably, Utah has a significant school nursing shortage; there is only one nurse for every 2,789 students statewide [1].

That ratio exceeds national recommendations for one full-time nurse for every school. Utah lags behind the nation when it comes to employing school nurses.

In addition, Utah has only 5 designated school-based health centers [2].
A school does not need to have a designated school-based health center to offer quality care or services. Nevertheless, Utah’s low number of school-based health centers combined with our alarming nurse- to- student ratio points to a chronic under-investment in school health services and sustainable funding streams.

Instead, most Utah schools take a patchwork approach when it comes to finding health care services funding and providers.

School health services or school-based care refers to physical, behavioral and mental health care provided within a school or co-located health center, or through partnerships with local health organizations. Services may include anything from vision screening to medication management and service providers may include school nurses, social workers, counselors, occupational therapists or speech-language pathologists.


Utah School Health Survey

In order to strengthen and improve school-based services as a state, we must begin with a baseline understanding of the current landscape of school health services, and a recognition of schools’ assets and challenges to offering health care.

To begin to answer this question, Voices for Utah Children conducted a statewide survey in Spring 2021. The survey was conducted with the support of local, state and national partners. Representatives in school districts across Utah were surveyed about the scope of services offered.

This survey, discussed in detail below, is a starting point to elevate the critical role of school health services and school health care providers, and highlight the policy and systems changes needed so Utah children can stay healthy and thrive.

The survey was conducted April–May 2021. There were 53 survey respondents from across Utah. Respondents represented 19 out of the 41 school districts in Utah. The survey was modeled after similar surveys used in other states to identify the types of services offered in schools, who provides the services and how services are funded [3].

Respondents’ titles included school nurse, principal, and student/ family support specialist. The majority of respondents were school, district or public health nurses. The remaining respondents were principals, administration, foundation or support staff. (See Appendix on page 11 for the full survey and Table 2 on the next page for a list of the school districts represented).
### Table 1. Most-Commonly Provided Student Health Services

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<thead>
<tr>
<th>Service Type</th>
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<tbody>
<tr>
<td>Medication Administration or Management</td>
<td>96%</td>
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<td>Vision</td>
<td>96%</td>
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<tr>
<td>Audiology/Hearing</td>
<td>91%</td>
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<td>Psychology or Mental Health Counseling</td>
<td>85%</td>
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<tr>
<td>Speech Therapy</td>
<td>85%</td>
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<tr>
<td>Occupational Therapy</td>
<td>83%</td>
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<tr>
<td>Crisis Assistance</td>
<td>79%</td>
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<td>Vaccinations/Immunizations</td>
<td>77%</td>
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<td>Mental Health Behavioral Aid</td>
<td>75%</td>
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<tr>
<td>Physical Therapy</td>
<td>75%</td>
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<tr>
<td>Nutrition-related or Dietician Services</td>
<td>74%</td>
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<tr>
<td>Physical Activity Support</td>
<td>74%</td>
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<tr>
<td>Social Work</td>
<td>66%</td>
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<tr>
<td>Dental</td>
<td>53%</td>
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<tr>
<td>Health Insurance Enrollment Assistance</td>
<td>47%</td>
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<tr>
<td>Respiratory Therapy</td>
<td>30%</td>
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<tr>
<td>Medical Transportation</td>
<td>21%</td>
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</tbody>
</table>

### Table 2. School Districts Represented

Survey respondents came from the following school districts:

- Alpine
- Beaver
- Canyons
- Charter School
- Davis School District
- Garfield County
- Granite
- Jordan School District
- Logan City School District
- Millard School District
- Nebo
- North Summit School District
- Ogden School District
- Park City School District
- Salt Lake City
- South Sanpete School District
- Tintic School District
- Tooele
- Uintah
- Utah Schools for the Deaf and the Blind
- Washington County School District
- Weber
Which School Health Services are Offered?

According to respondents, the most frequently provided school health services were medication administration or medication management and vision screenings, followed by audiology screening. The least commonly provided service was medical transportation. See table 1 for the full list of identified school health services.

There was considerable variation among who provides the services. (See Figure 1) For example, in most schools, school-based staff provides medication administration or administration. In contrast, dental services are largely provided by a mobile service. Few districts relied on telehealth or a contracted on-site provider to offer health services.

This speaks to the wide variation in service delivery across school districts. When services are provided by mobile or volunteer services, for example, they are subject to the availability and capacity of the providers. The case example below highlights how the provider type and funding stream can play a key role in the consistency and reliability of a service.

Case Example: School-Based Dental Care in Utah

Dental care is recognized as a priority health care need for students and one of the top reasons students experience chronic absenteeism. For low- and moderate-income students, it can be difficult for families to find affordable dental care or get to a dental check-up.

Preventive school-based dental programs are widely regarded as a proven, cost-effective way to address students’ oral health needs.

Over the past several decades, a variety of mobile dental programs have gone into Utah schools to meet student need, but frequently had to close or shut down. Such programs often rely on volunteer support and lack sustainable funding.

Moreover, the programs themselves require administrative support and coordination, making them costly to run without a sustainable funding source or an administrative backbone.

An additional challenge is Utah’s high child uninsured rate and low participation in health insurance programs like Medicaid or CHIP. Medicaid or CHIP are important funding streams for school-based dental programs. Other service delivery models, including co-located dental clinics or chairs, face similar challenges.

Utah is not lacking committed, caring dental providers, dental schools or dental hygienist schools and organizations. Many across the state are working tirelessly to address students’ oral health care needs.

Nevertheless, few school-based oral health care programs are in operation in Utah. In recent years, Utah has cut or reduced state funding for public health dental programs, school-based care, and data collection.

COVID only heightened these challenges, highlighting the need for greater statewide investment in school-based oral health care programs and assessment.

Many dental experts in the state fear that Utah’s lack of attention to oral health may result in a more serious student illness or a life-threatening event. They fear that such an event may be the catalyst for Utah to finally take students’ oral health and prevention seriously.
Figure 1: What student health services does your district currently provide and how are they provided?
How Are School Health Services Funded?

When it comes to funding school health services, the majority of respondents reported that schools rely on general operating budgets. However, Medicaid reimbursement and grants or gifted funding were also important secondary funding streams. These funding sources provide important insights into how school health services could be made more sustainable in the future.

Currently, Medicaid funds are primarily allocated to:
1. Students receiving special education services with an Individualized Education Plan or IEP;
2. Mental health services offered by providers at a designated Local Mental Health Authority.

However, in 2014, the federal government granted schools the ability to receive additional Medicaid reimbursement for health services in school-based settings. Schools can now draw down additional federal funding for school health services, expanding the types of health services and providers eligible for reimbursement.

Utah has not yet adopted this policy, leaving open the potential for additional funding to support school health services.
School Health Needs and Concerns

The survey asked respondents:

1. Which services are currently provided but need more resources and
2. Which services are not provided, but there is student need.

Respondents identified mental, behavioral health services as a top area in need of expanded attention and dental services as an area where services are not provided, but there is high student need. Other service needs respondents mentioned included: vision screening, crisis assistance, occupational or physical therapy, case management.

In addition, respondents also called out the need for more nurses in schools to address a range of medical demands, as well as greater staffing support more broadly.

Respondents discussed frustration at limited staffing, part-time hours, and the particular strains placed on rural districts that face staff shortages and long hours to drive from school to school.

Among respondents, over 80% said that the lack of funding to hire additional staffing was one of the district’s greatest challenges for health services-related staffing.

Respondents also noted that in order to provide more health services there was a need for more infrastructure, including: Physical space to provide services; a need for greater coordination and data-sharing with service provider partners; and more language or translation support.

Finally, respondents noted that, in addition to a lack of funding, there was poor planning and prioritization, particularly around mental health service delivery. A respondent pointed to additional money allocated for mental health services without overall planning, and competition between schools or districts because of provider shortages.

Respondents Speak

“We don’t even have an active medical director. our current medical director literally only writes our narcan and epi orders. anything else is unheard of because he is a volunteer.”

“mental health and nursing. Either increase personnel or increase hours for nurses working, we are all part-time with no benefits, but having so many more tasks to complete in our part-time hours.”

“[We need more support for] all of them. we have 2 speech therapists to service the entire district, 1 physical therapist, 1 occupational therapist, 2 school psychologists, everything needs expanded in our district. we cover miles, upon miles in school district travel and one of our schools only gets a monthly visit as this school is a three hour drive one way.”

“Limited funds create competition between essential resources including teachers and mental health support. Different leaders have different priorities and if mental health is not a priority for them, they can become a barrier to accessing adequate resources. Most district and school leaders have no background in mental health so it can be an afterthought or until a crisis occurs and then many leaders quickly throw money at a problem for a quick fix which could have been prevented by a thoughtful and planned out approach.”
School Assets & Opportunities

Despite challenges, several opportunities and strengths surfaced as well. In particular, 70% of respondents discussed the important role their school, district office or education foundation has played in helping students, especially under-resourced students, meet their basic needs including food pantries, clothing and internet support, among many other needs.

While there was a continued need for more attention to this area, it also highlighted the critical role of schools as important sources of support, where children and families can access resources and services.

In addition, school districts and schools also offer a range of services that help low- and moderate-income students including health enrollment assistance.

47% of respondents said their district offers assistance to help students and families find affordable health insurance.

Respondents Speak

“Yes, services are provided. Pantry packs are sent home prior to the weekends with students that have been identified as needing assistance”

“Mobile clinics, technology for student check out (moving to 1:1 devices) internet hot spots, food pantries, free counseling. Homeless [Liaison] works with families in transition.”
Recommendations Moving Forward

Across Utah, only 50.4% of school-aged youth (ages 12-18) are fully vaccinated against COVID [4]. In addition, since March 2020, thousands of Utah children skipped out on other childhood immunizations and preventive check-ups [5].

Pediatric providers and health care workers are trying to help children catch up on delayed care. In the coming months and years, schools will play an increasingly important role ensuring children and families stay healthy.

Utah’s health, educational and social service agencies must work together to advance policy solutions and investments in school-based health services now, to ensure our schools can meet the anticipated demand immediately and into the future.

Based on the survey findings, the following policies and investments are recommended:

1. **Leverage Medicaid funds to expand school health services.**

   School districts and the Utah State Board of Education should coordinate with the Utah Medicaid Division to leverage Medicaid funds for any Medicaid-enrolled student, including students without Individualized Education Plans.

   This is an option available to districts, but not currently being utilized. Medicaid funds can be braided with other funding streams to support a range of health services.

2. **Allocate state funding for more school, district and/or public health nurses.**

   National and state experts recommend at least one nurse per school [6]. Recent state legislation (2019) enabled some school districts to apply new monies toward school nurses. However, only a handful of school districts were able to take advantage of this option. Utah needs more school nurses. Medicaid funds could also be braided with state general fund dollars to enhanced funding for school nurses.

3. **Use federal American Rescue Plan Act (ARPA) funds to improve data coordination and sharing systems, and translation/interpretation systems in schools to allow for improved health service delivery.**

4. **Expand telehealth opportunities in schools, including platforms and providers.**

   Telehealth is under-utilized in many schools currently. But telehealth capacity and technology is growing rapidly to help meet student need.

5. **Create an FTE at the state-level to coordinate physical health services across schools and develop a shared statewide system.**

   Currently, several state positions support school health, but no position oversees all services or one system supports coordination. This person could help connect resources and available mobile clinics and align with the new state mental health coordinating council.

6. **Finally, Utah should invest in more designated school health centers, including additional school-based health or wellness centers.**

   Every district should have at least one school health center or wellness center.

   Schools are a critical health resource and access point for our communities. Schools serve as a hub to help families and communities access health services and care.

   Strengthening and lifting up school-based health care is a key strategy to help students, families and communities stay health and stay learning.
REFERENCES


[6] Role of the School Nurse in Providing School Health Services: https://pediatrics.aappublications.org/content/137/6/e20160852
**APPENDIX: Survey Questions**

This section contains a copy of the Utah Student Health Services Survey used in this report.

**Utah Student Health Services Survey**

This survey will be used to assess the current landscape of school-based health services across Utah and identify current challenges and opportunities with providing health services to students. The results of this survey will inform recommendations supporting policies and programs related to school health services.

This past year has underscored schools’ important role in keeping our students healthy and their critical role going forward. Your participation will help ensure the individual needs of your district are included and addressed in these recommendations. Thank you for your time!

1. Please list your school district

2. Your Name

3. Your Title

4. Your Email

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5. What student health services does your district currently provide and how are they provided? Check all that apply.

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<tr>
<th>Service</th>
<th>Provided by School-based staff</th>
<th>District-wide staff</th>
<th>Licensed or certified personnel</th>
<th>Volunteer</th>
<th>Local health dept or mental health authority</th>
<th>Mobile health clinic</th>
<th>Contracted provider onsite</th>
<th>Contracted provider telehealth</th>
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</table>

Other (please specify)

6. Of the services your district currently provides, which services need expanded or additional capacity?
7. What types of services are not currently being provided, but are needed for your specific student population?

8. What are the biggest challenges your district faces in terms of health-related staffing? Please choose all that apply.

- Insufficient number of staff
- Lack of qualified candidates
- Lack of funding to hire additional staff
- Inability to offer competitive salaries/benefits
- Inadequate infrastructure (space for service delivery)
- Inadequate billing systems and billing staff
- Other (please specify)

9. What are the most important resources your district needs to help students receive health services? Please choose all that apply.

- Additional health services
- Additional health services staff or staff time
- Additional funding dedicated to school health services
- Infrastructure development (including additional space to provide services)
- Medicaid billing infrastructure (including billing staff or billing training)
- Improved coordination and data sharing with service provider partners
- Language or translation support
- More support regarding COVID response
- Other (please specify)

10. How are school health services funded? Please choose all that apply.

- General operating budget allocation
- Grants or other types of gifted funding
- Medicaid reimbursement
- Donated or volunteer care
- Health system partnerships - hospitals or community health centers
- Other (please specify)

11. Does your district provide resources to help address students’ basic needs? Resources may address student food insecurity (such as district food pantries), affordable housing, access to technology or other resources. If yes, please describe:

- Other (please specify)