

2017 Emmet County Schools Exploratory Health Needs Assessment

Executive Summary

The Health Department of Northwest Michigan, working with a committee of parents, school administrators, and representatives from McLaren Northern Michigan, conducted an exploratory health needs assessment of the public schools of Alanson, Harbor Springs, and Petoskey. We surveyed over 800 parents and 235 school staff, interviewed school administrators, and collected statistical data relevant to the health of local students. The picture that emerged showed schools overwhelmed by the health needs of students and their families. These needs cause stress for students and staff, increase school absences, and impede students' ability to learn and succeed academically. While significant health needs are felt across the three districts studied, the level of need is not uniform. Schools in Alanson and Petoskey need a great deal of extra support, while those in Harbor Springs need a more moderate amount of extra health support.

Parents and school staff overwhelmingly support the addition of school-based health services. Parents and staff most highly prioritized expanding mental and behavioral health care. In addition, schools saw high need for support connecting parents to resources and more robust health education, while front office staff saw a need for help providing illness care to students. Parents believe clinical school-based health services would broadly benefit the community, and would eliminate the most common barriers to basic health care. Parents value the convenience of school-based services, as well as the peace of mind from knowing any medical needs arising during the school day will be met by a medical professional.



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Introduction

Schools are facing new, intimidating challenges. Administrators and staff who have been at their schools for a decade or more say the last few years have brought a drastic increase in the severity and diversity of health problems among their students. With shrinking budgets, schools struggle to keep up with these growing health needs. More and more staff time goes toward administering medications, testing blood-sugar, informally diagnosing sudden illnesses, calming students having mental health crises, and assessing risk of self-harm. School staff strive valiantly to meet all their students' needs and keep them safe and healthy, but without medical expertise, they worry that students may not always receive the most appropriate care.

Administrators talked at length about the ever-growing gap they see between the “haves” and the “have nots” among their students – and how they fear those on the bottom are getting left behind. Health needs among students are not evenly distributed, but tend to be concentrated in lower-income families with fewer resources. Staff worry about children in their classes who don't look well, and those who might not have their basic needs met. Teachers recognize that students struggle more in school when they are hungry, in pain, have many absences, don't have access to medications they need, or have unresolved mental health problems. Health needs among students are significantly increasing stress for staff and students, lowering school attendance, impeding focus while in class, disrupting social wellbeing, and causing parents to miss work. School-based health services could go a long way toward alleviating these ills.

School staff plainly see the problems and uphill battles their schools face. Nonetheless, they are intensely proud of their schools and students. Principals glow as they talk about how their schools work as close-knit teams and how much their staff go above and beyond for students. Staff have good relationships with parents and communication is strong between schools and families. Principals are also grateful for all the different kinds of support their schools receive from their communities. Pride for these schools extends far beyond the school walls.

Support for School-Based Health Services

Parents and staff demonstrated strong support for additional school-based health services. In comments, they described these services as “vital”, “essential”, “a blessing”, “necessary”, “fantastic” “valuable”, and “needed”. Of those surveyed, 98% of school staff said they support adding school-based

District	Enrollment	Economically disadvantaged students	Students with disabilities	Pupil: Teacher ratio	% of students chronically absent	Graduation rate
Alanson	230	64%	15%	21:1	21%	70%
Harbor Sp.	810	19%	7%	17:1	14%	86%
Petoskey	2860	40%	11%	22:1	16%	92%

health services at their schools, and 95% of staff in Alanson and Petoskey and 85% of staff in Harbor Springs said their schools *need* additional school-based health services. Nine in ten staff also believed it was acceptable for students to miss class sometimes to attend appointments at a school-based health center. Among parents, 64% said they would like health services to be offered at school, while only 6% opposed the idea. The handful of parents who opposed the idea mostly had concerns about privacy, funding, or schools stepping outside their mission. Most parents said their families would use services at a school-based health center. Many parents also commented that even if their families did not use services often, they would still advocate for a school-based health center as a support for the community.

Health Priorities

Overall, the top needs to emerge from this assessment were for mental and behavioral health care, basic clinical care, and connecting families to outside resources. Priorities differed somewhat among parents and school staff. For both groups, mental health was by far the highest concern. For parents, other priorities included peace of mind (knowing their child would be safe at school even if a sudden illness or injury occurred); occasional convenient primary care, especially to limit missed work time; and increased health support for the whole community. Staff, on the other hand, prioritized the ability to connect parents to resources, various kinds of health education, and oral health. Part of this divergence of priorities may be related to the fact that the most severe health needs are concentrated in a small proportion of families. Staff may therefore prioritize these severe needs, which most parents may not be aware of.

Staff Priorities

Out of 11 health services, staff say their schools need the highest level of support for **mental and behavioral health care**. Schools need **high or moderate support** in all other service areas.

Very High	Mental and behavioral health care
High	Connecting parents to resources for essential needs Nutrition education Oral health screening/prevention Safe dating/healthy relationship education
Moderate	Vision and hearing screenings Sex education Chronic disease management (daily medications, checking blood-sugar, etc.) Care for seasonal illness Crisis care (asthma attack, allergic reaction, serious injury) Injury care
Low	--
Very Low	--

Notes: Additional tables breaking down staff priorities by district, school level, and position are in Appendix C. Unless otherwise indicated, all data in this report comes from surveys conducted for this assessment. All statistics in this report represent Emmet County, MI, unless otherwise indicated. For more details on our research methods, see Appendix B.

Clinical School-Based Health Services

Schools have needs

Every day, students have health needs while they are at school. Some take prescription medication every day, some need inhalers or nebulizers to control their asthma, others get sick or injured during the school day. With no nurses or medical professionals around, secretaries become the de facto school nurses, despite having little or no medical training. While most secretaries are more than willing to do whatever is necessary to protect kids and keep them healthy, many worry about whether the kids are getting the most appropriate care. Additionally, the average school staff member (excluding health aids) spends at least 70 minutes per week dealing with student health issues, and principals and secretaries can spend hours every day. This becomes time lost that could have been spent teaching or administrating. Among secretaries, other school staff, and parents, it is generally agreed that teachers should be teaching, administrators should be administrating, and nurses should be doing the nursing.

Daily maintenance of chronic conditions

Administrators and secretaries said they've seen an increase in the past few years in the number of students who need daily care and those who have severe allergies. Most of this daily care falls to the

secretaries. Secretaries are charged with administering prescription medications to kids, testing blood-sugar for diabetic students, and helping students use inhalers and nebulizers, among many other duties. In each elementary and middle school in these districts, 10-20 students take medication while at school. In interviews, secretaries discussed some of their worries. What will happen if a student runs out of his or her medication? How will these tasks be covered if I have to miss work for a day? What if I make a mistake? If I have to spend my whole day checking kids for head lice, how will I ever get my other work done?

If a student runs out of a medication or diabetic test strips, the secretary will call the parent to bring the needed supplies. Even if she can get in touch with a parent, the parent may not be able to leave work or find transportation in order to bring what is needed to the school. As one administrator said, "It's kind of nerve-wracking".

Responsibility to diagnose and treat

In addition to handling the maintenance of chronic conditions, secretaries are often put in the awkward

By the Numbers:

Health Issues at School

95% of school staff spend time dealing with student health issues every week.

Average time per week spent by staff on student health issues (excluding health aids):

- Harbor Springs: **30 minutes**
- Alanson: **55 minutes**
- Petoskey: **80 minutes**

This means the non-health staff in each elementary school in Petoskey spends a total of **8 hours per day** taking care of students' health issues.

More than **1 in 10** school staff spend more than 3 hours per week dealing with student health issues.

In Alanson and Petoskey, **70%** of staff say student health needs "Often" or "Constantly" create extra stress for staff.

position of diagnosing, triaging, and treating acute illnesses and injuries, despite not having the training or background to do so. In interviews, secretaries told stories like that of a special needs student who said, “My heart hurts.” The secretary was expected to evaluate whether this meant a panic attack, a heart problem, or a false alarm (like task avoidance). In another case, a principal was called to a bathroom to look at a child’s stool and decide if it looked like the child had pin worm. Front office staff are routinely expected to determine if a child has pink eye or if a cut warrants stitches. Secretaries are also charged with reporting illnesses to the health department, but with only their opinion to rely on, this often comes down to guesswork.

Without a medical professional to assess the situation, secretaries err on the safe side and call parents more than they likely need to. When called, many parents are hesitant to leave work, and will ask the secretary and the child to describe how serious the problem is. Many parents expect schools to help or expect older kids to take care of themselves. Secretaries are expected to bandage cuts, rinse out eyes, and check for lice. For high schoolers, secretaries are responsible for determining if an ill student is well enough to drive him/herself home. Secretaries and administrators tasked with these triage responsibilities often worry about whether they have made the right call. Schools end up calling 911 for an ambulance several times every year. One principal said that calling an ambulance is sometimes the only way to ensure the student would get the resources he/she needs. While teachers did not rate care for seasonal illness as a priority, among front office staff, it was in the top 5 health needs of schools.

Families have needs

Concerns during the school day

When surveyed, parents rated treatment for seasonal illnesses or injuries (like those routinely handled by secretaries) as their highest concern related to their children’s physical health. Some parents commented

“[My son] has severe food allergies and asthma. I’m concerned with epi-pens and teachers not knowing when and how to give it. Even skin contact with any dairy can be life threatening.”

“It’s scary because I’m not sure I’m doing the right thing.”

-School Secretary

“Many students end up going home, that really should remain in school, AND some students remain at school that are contagious and should be sent home, but we can't screen for this.”

-School Secretary

“[A school nurse] would also alleviate a lot of extra responsibility on our administrative staff, giving them more opportunity to do what they do best, which is teach and guide our children academically!”

-Parent

that they value the hard work and commitment of the secretaries, but feel it would be more appropriate for a medical professional to handle medical issues. Other parents said having a medical professional on-site to handle these concerns would bring them peace of mind.

By the Numbers: Unmet Healthcare Needs

Nearly **2 in 5** parents have faced barriers when trying to take their child to the doctor.

96% of school staff in Alanson believe many or most of their students have unmet healthcare needs.

7 in 10 Petoskey school staff believe many of their students have unmet healthcare needs.

Percent of school staff who say unmet healthcare needs “Often” or “Constantly” create extra stress for students:

- Alanson: **84%**
- Petoskey: **67%**
- Harbor Springs: **41%**

28% of high school students and **24%** of middle school students say they have not seen a healthcare provider for a check-up or physical in the past year.¹

6% of parents reported that not all their children had a wellness visit or physical in the past year. Of these families, over **70%** would use school-based health services for physicals if available.

9 in 10 parents said their children would or may use school-based health services at least occasionally.

In Harbor Springs, **6%** of students have not completed their required immunizations, weakening school-wide immunity.²

Parents who faced barriers to care, 4 out of 5 would use services at a school-based health center.

Parents strongly supported additional school-based health services. Most parents said they appreciated how convenient these services would be, and their children would use them at least occasionally. Even among parents who said their children wouldn’t use these services often, they advocated for having these

Parents of children with chronic conditions were particularly concerned about having an appropriate provider available to care for their children. For example, parents of kids with epilepsy or asthma worry about whether school staff will be prepared to respond effectively to a seizure or asthma attack. Several people commented that there have been times when a parent has been called out of work or a student has missed class when all the child needed was an inhaler. Both parents and school staff also mentioned specific concerns about staff’s readiness to administer epi-pens to stop allergic reactions. In some schools, the only training has been a quick demonstration by the principal.

Concerns about access to care

During an interview, one elementary principal said, “We could go walk into any class in this school and I could point out 2-3 kids who would benefit [from school-based health services.] And 2/3 of those kids would immediately do better in school if their needs were met.” While most students have health insurance and a primary care physician, there are still students who are not getting the care they need. The convenience of a school-based health center could bridge this gap by eliminating nearly all the barriers parents said they face.

The most common barriers to care were trouble getting off work, not wanting the student to miss school, and not being able to afford a visit to the doctor. Other barriers included lacking transportation, difficulty getting appointments, and trouble getting or using insurance. While most families have insurance, some have limited provider networks – especially the 25% of families who rely on Medicaid. School-based health services could help with all of these problems. For parents who had

“I think making children’s health services available at school would be an incredibly good move for our community. It would support working parents, low-income families, people who live far away from the schools - pretty much everyone.”

- Petoskey Parent

“Anything made available at school would be a huge stress reliever.”

- Petoskey Parent

Mental & Behavioral Health

Mental health emerged as far and away the greatest concern of administrators, staff, and parents.

In interviews, school principals and secretaries talked about seeing skyrocketing rates of mental health needs within the past three to five years. For older students, this often is related to anxiety, depression, and suicidality, along with increasing concerns about substance use. Younger students are more likely to deal with anxiety or attention deficit disorders. Many students, especially younger ones, have difficulty verbalizing their needs, so they end up acting out with disruptive behavior or misplaced anger. For the many students coming from stressful home environments, this stress can disrupt their learning.

services as a support to the community. A Petoskey administrator said she knew parents would appreciate saving the driving time because they already appreciate the convenience of the newly available behavioral health services.

Some parents and administrators mentioned specific concerns. For example, accessing necessary prescriptions was a major barrier for some families. For families like these, “a one stop shop would be amazing,” as one principal said. A few others commented that convenient sports physicals would prevent kids with fewer resources from being left out.

By the Numbers: Mental Health

3 in 4 parents worry about their child’s mental health.

Nearly **50%** of parents say their children would use school-based mental health services if available.

In one school district, more than **1 in 4** high school students seriously considered attempting suicide during the past year.¹

1 in 5 high school students say they couldn’t ask their parents for help with personal problems.¹

15% of parents of high schoolers worry about their children using tobacco, alcohol, or drugs.

25% of high schoolers have been drunk at least once.¹

Staff who believe their school needs **a great deal of extra support** to meet mental health needs:

- Alanson: **80%**
- Petoskey: **70%**
- Harbor Springs: **50%**

Staff in Alanson lamented the leaving of their only school counselor four years ago. Staff in Petoskey said the recent addition of behavioral health specialists to the district has brought huge improvements, but is still not enough. Long wait lists prevent students from getting the help they need. Without mental health professionals, principals spend hours every week filling the role of school counselor. In some schools, a principal will need to assess the risk of self-harm for a student in crisis almost weekly. Others deal with emotional meltdowns or outbursts daily.

Parents were also concerned: 75% said they worry about their child’s mental or emotional health. Parents were most concerned about depression (including risk of suicide), anxiety, bullying, and attention deficit disorders. Several parents wrote in comments discussing how difficult it can be to find an appropriate mental health provider in the

community for their children. Few area providers work with children, and if families don’t have the right insurance coverage, this care can be prohibitively expensive. Other parents don’t even know where to begin to look for help. When school staff were asked to rate the level of additional support needed in eleven health service areas, mental health was rated as the highest need in every school district and across every school level.

Overall, 94% of school staff said their school needed significant additional support to meet the mental health needs of students.

As one teacher summarized the issue, “Student behavioral and mental health needs are greater than ever. Schools need professionals to help with the increased need so that teachers can teach.”

Finding Resources

During interviews, school administrators repeatedly discussed the desire for more resources to offer parents. They explained that many parents don’t know where to look for help and may not even realize resources exist. Often, parents turn to principals for advice. One principal said, “At least once a week, a parent comes to me with an issue and wants help finding resources. It could be for housing, transportation, insurance – anything.” Administrators say that parents most often need resources related

“Addiction and mental illness treatments, coupled with suicide prevention, need to be at the forefront of health services offered [at our schools]. This is an epidemic in our country, and with the most recent fatality at Petoskey High School this fall, it means it is in our backyard.”

– Petoskey Parent

“There are MAJOR outbursts at this school daily due to students in crisis... it makes both teaching and learning difficult. I have never seen anything like what happens here daily.

We do not have the resources to handle students like this. This is where I believe we need the most help.”

- Elementary Teacher

“Even having a liaison available to help connect my children with needed services would be helpful.”

– Harbor Springs Parent

“Some students are coming to us without their basic needs being met. Getting these needs met will help them be ready to learn.”

– Elementary Teacher

“The students that need more health services need an advocate/guide. Many do would not know how to ask for help, or how to navigate getting help... As usual, the students that really need the help, would have a hard time finding the help.

– High School Teacher

Principals do all they can to refer parents to the right services, but they don’t always have the best information. Furthermore, some parents need more than information: some are so overwhelmed that they need someone to hold their hand and guide them through every step of getting the help they need. Having additional resources to offer parents and a better system for making referrals was a high priority for these administrators and their staff. Among 11 health services, “Connecting parents to resources” was rated the 2nd highest need by school staff.

For these kids to be healthy and to do well in school, getting these basic needs met is essential. As a touch-point for families with all kinds of needs, schools need more support in connecting parents to the right resources at the right time.

Health Education

School staff prioritized getting support in offering more robust health education. Among 11 health services, some form of health education was rated as the 3rd highest need for elementary, middle, and high school. Among high school staff, different types of health education accounted for 3 of the top 5 areas where schools need the most additional support. These included safe dating/healthy relationship education, sex education, and nutrition education. Interviews and survey comments

to accessing counseling services, housing, transportation, medical assistance, and help with parenting skills.

Teachers and school administrators explained that many children who struggle in school have difficulty because their basic needs are not met. Principals are seeing more children who are homeless or live in insecure housing. Families struggle with access to running water, power, heat, and the means to wash clothes. In Alanson, teachers worry about some of these kids during school breaks, wondering if the students will be safe or have enough to eat. Students facing these kinds of serious challenges at home will not be able to meet their potential for health or academic success.

Principals do all they can to refer parents to the right services, but they don’t always have the best

By the Numbers: Bullying

1 in 4 high school and **1 in 3** middle school students has been bullied on school property in the past year.¹

86% of high school girls have heard rumors or lies spread about other students in the past year.¹

3 in 4 high school students has heard students get called mean names or “put down” in the past year.¹

suggest some reasons for this prioritization of health education. For one thing, teachers seemed to prefer that a health professional teach health education topics, including nutrition, growth and development, hygiene, substance abuse, sex & reproduction, and healthy relationships. Staff felt having a medical professional handle health education would ensure accurate and up-to-date information and appropriate delivery of the material. In addition, the desire for more health education support may reflect other underlying concerns of school staff.

The emphasis on safe dating/ healthy relationship education in secondary schools reflects multiple concerns of school staff. Principals said more students seem to be dating younger, starting in middle school, and need more guidance earlier. One principal mentioned a concern about the number of teen pregnancies in the past few years, as well as the kinds of inappropriate or unhealthy relationships students see at home.

However, other staff may desire more healthy relationship education to address the rise of new social issues associated with social media. A secondary school principal said that when it comes to social media, students have no concept of healthy or appropriate boundaries. This has resulted in new unsafe dating behaviors (like sending naked photos of themselves to others) and a rise in new forms of bullying. Not only do students regularly post private information about themselves publicly, they also have reached new lows in how mean they can be to each other behind the cover of apps. The fallout harms students and disrupts education as the drama overflows into classrooms. Social media has created new and increased vulnerabilities for students, and there is no one to teach them how to safely navigate this new landscape.

The focus on nutrition education could be related to growing concern among schools and parents about chronic illnesses and obesity. Staff also say they see how much junk food students bring to school, and the poor nutritional choices they make. One principal said they wanted better nutrition education because they are concerned about the lack of nutrition students receive at home. The prioritization of nutrition education could also be related to a desire for more general education on healthy living (which was not listed as an option). Some parents also expressed a desire for more comprehensive health education, including education for mental and emotional self care.

Dating & Sex

1 in 10 high school students has been (intentionally) physically hurt by someone they were dating in the past year.¹

1 in 10 high school students has been forced to do sexual things they did not want to do by someone they were dating in the past year.¹

In one school district, **1 in 2** high school students has had sex.¹

1 in 50 girls aged 15-18 has been pregnant in the past year.³

Nutrition

3 in 12 high school students are overweight or obese; **5 in 12** are trying to lose weight.¹

75% of high school students and **66%** of middle school students don't eat the recommended 5 servings of fruits and vegetables per day.¹

1 in 6 middle and high school students drinks a soft drink every day.¹

Oral Health

School staff rated oral health screenings and prevention as the #4 health area needing the most support at their schools. Principals confirmed this need in interviews. While most children have seen a dentist in the past year, a significant minority of families face serious dental issues and barriers to dental care. Principals report that some elementary students do not know how to brush their teeth, and some families have kids who consistently have toothaches or open abscesses. One principal said that she has kids in her school who can't eat properly because "all they have are little black nubs" instead of healthy teeth. Oral health needs can make it difficult for kids to eat, so they may not be getting sufficient nutrition. Dealing with pain and hunger, these kids cannot perform to their full potential in school. In addition, children with unmet oral health needs are nearly three times more likely than their peers without these needs to miss school.⁷ Providing oral health screenings and sealants in school, as well as effective referrals for dental insurance and dental care, would go a long way towards making these kids' lives easier.

Vision & Hearing Screenings (and Follow-Up)

When surveyed, school staff in Petoskey rated support for vision & hearing screenings as a high need, and staff in Alanson and Harbor Springs rated this as a moderate need. In interviews, administrators talked about the students they have who need glasses but cannot get them. Several said there was little to no follow-up after the currently available screenings, so the schools have no idea what information was given to the parents or why the kids still don't have glasses. Principals emphasized that for many kids, the only way they will ever find out if they have a vision or hearing problem will be because of screenings provided at school. Schools want better coordination with the vision and hearing screenings, and help referring parents to resources for getting glasses or hearing assistance for their kids.

Improved Communication – Parents, Providers, & Schools

School staff also indicated that adding a medical professional to the school would help with communication. Principals and other staff felt that it would be more appropriate, and better received, for a medical professional to discuss health issues with parents. One principal said school-based health

By the Numbers: Oral Health

1 in 4 middle and high school students hasn't been to the dentist in the past year.¹

Of third grade students in Northern Michigan:

4% have never been to the dentist.⁵

1 in 5 has untreated tooth decay.⁵

3 in 5 have had a dental cavity.⁵

Only **2 in 5** third grade students in Northern Michigan have received dental sealants.⁵

1 in 10 has had a toothache in the past 6 months.⁵

8% of parents of third graders reported there was a time in the last year their child needed dental care but could not get it at the right time.⁵

services would be ideal, because having a medical professional attached to school makes them feel safer and familiar to families, but still allows the family some privacy. Staff say this would also limit interference with other kinds of communications they have with parents. Some parents said they prefer to hear about injuries or illnesses from someone knowledgeable, who can give real information on the seriousness of the incident.

“It would be so wonderful to have school based health services in all schools... It also provides a medical provider to communicate to outside providers so the school can work to support a student through an illness or injury.”

- Petoskey Parent

Several staff said during interviews or through survey comments that more parent education is warranted; when a child has a condition, many parents need more help understanding how to fully care for the child. It would be helpful to have a medical professional to talk parents through what kinds of treatments are likely to be effective. In addition to educating about the effects of home remedies and appropriateness of antibiotics, staff especially want someone to walk parents through how to fully treat lice. Principals say this is an increasing problem in their schools, and tends to reoccur among children from the same families.

Staff also requested help writing care plans. For some students with complex needs, this can be difficult process. For other students, communication from parents is sometimes unclear. For example, many parents will say a child has an “allergy”, but may have different understandings for what that means or what care is warranted.

Finally, schools are an important link when a student is recovering from an illness or injury, but are often left out of communications between providers and parents. Parents often can't effectively tell the doctor what's going on with the kid at school, and the school doesn't know whether a condition has been taken care of or how to properly assist the student in recovery. For young kids or kids with special needs, they can't communicate clearly what they need or what's been happening. In addition, when an incident occurs at school, care coordination can take a great deal of time out of a principal's day.

“Having a professional to write and facilitate Medically Fragile Students plans would be helpful. I struggle with this task being done timely and delivered to our staff to properly protect students with special medical needs.”

- Elementary Secretary

“As a special education teacher, unfortunately, I work with many students that do not have access to adequate health care. Having on-site health care services available to my population of students would be an AMAZING benefit!”

- Teacher

Support for Students with Special Needs

With growing numbers of students with special needs, and often significant physical or cognitive impairments, schools need more help giving these students the support they need. Most teachers have not been trained to teach these students, and their health needs often go far beyond what their assigned aids can

reasonably handle. The teams that take care of these special needs kids do not have health care support in school, and there is no coordination with the kids’ healthcare providers. In schools that have classes for special needs kids, staff say that any site-based health care would greatly benefit these kids and their families.

Benefits of School-Based Health Services

School-Based Health Services can bring benefits for students, parents, school staff, and communities.

<p>Better focus in school for students – Healthy kids are ready to learn. Kids can focus on school when they are well fed, have the medications they need, have someone to talk to about their problems, and are healthy. In addition, there are fewer class disruptions to distract classmates.</p>	<p>Less missed class for students and missed work for parents – One study of the cost-effectiveness of school nurses estimates that among students who go to the office for illness or injury, 6% would get sent home by a nurse, while 15% would get sent home if a nurse is not present⁶. For example, Alanson Public School estimates that every year they have around 1,200 early dismissals; if they had a nurse, this would likely be around 480 early dismissals. That’s 720 fewer times a parent would get pulled out of work. Assuming an early dismissal means a student misses 3 hours of school, Alanson could also keep kids in class for an additional 2,160 hours per year if a school nurse were present.</p> <p>Even for scheduled appointments, the convenient proximity of school-based services would save a great deal of transportation time.</p>	<p>Safer kids – Among schools reporting estimates, students miss a dose of medication about 15 times each year. Most often, this is due to parents not refilling the medication. However, studies in other places have estimated that errors in administering medicine are three times more likely when performed by non-medical personnel.</p>
<p>Fewer distractions for teachers, principals, and secretaries – If nurses and therapists are available to support student health needs, school staff can put all their concentration into supporting students academically.</p>	<p>Less stress for parents, students, and school staff – with services available right at school, no one has to spend time worrying about how they will find a way to meet student health needs, and schools are better prepared to respond to emergencies.</p>	
<p>Less chronic absenteeism – School staff agree that most chronic absenteeism begins as a health complaint. School-based health services could nip these issues in the bud before they lead to chronic absences, and prevent the student from falling behind in school.</p>	<p>More academic success & higher graduation rates – Healthier kids learn better, and better learners graduate. With health needs met, kids can focus in school, miss less class, and be better prepared for academic success.</p>	<p>Healthier Families & Communities</p>

Conclusion

This exploratory health assessment provides valuable information about the health needs schools and families deal with every day. Mental health, basic clinical care, and connection to outside resources are very high needs in the public schools of Petoskey, Alanson, and Harbor Springs. While schools face high levels of health needs, they also have significant strengths in the dedication of their staff, the pride of their students, the involvement of parents, and the support from their communities.

With some creativity, some of these needs may be met in the near future. More discussions are needed to explore the possibilities for different types of providers and models for school-based health care. For example, even if a nurse is not available, a social worker may be able to meet many of the highest needs related to mental health and connecting parents to resources. Other supports, like health department programs, hospital community programs, or community health workers, could also make a significant impact as soon as they are introduced.

Parents and school staff strongly support the addition of school-based health services. While they agree that having a nurse or nurse practitioner on site would be phenomenal, school principals say their staff would be grateful for any additional support they can get. With collaboration and creativity, we can soon start to lessen the burden of health needs at schools in Emmet County.

Appendix A: References

References:

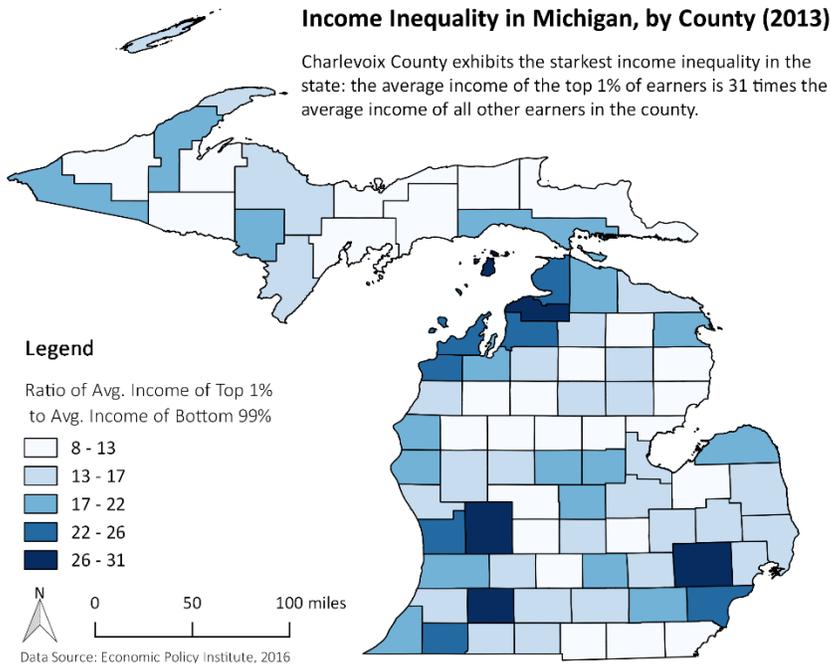
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6. Wang et al. (2014). "Cost-Benefit Study of School Nursing Services." *JAMA Pediatrics*. DOI: 10.1001/jamapediatrics.2013.5441
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Appendix B: Methods

We used a mixed methods approach to gather data for this health assessment. First, we surveyed parents at each school in the three districts (Alanson Public School, Public Schools of Petoskey, and Harbor Springs Public School). We use an electronic survey tool (SurveyMonkey), and parent volunteers and school administrators helped to disseminate the survey to as many parent participants as possible. Preliminary results from this survey helped inform the construction of interview questions for school administrators. We then conducted semi-structured interviews with principals and secretaries representing four schools and all three districts. These interviews then helped shape the construction of the staff survey, which was then sent out electronically to all staff in the three districts. We also gathered quantitative data from some of the schools and from secondary sources from the State of Michigan.

After gathering all of the data, we analyzed it for major patterns and themes.

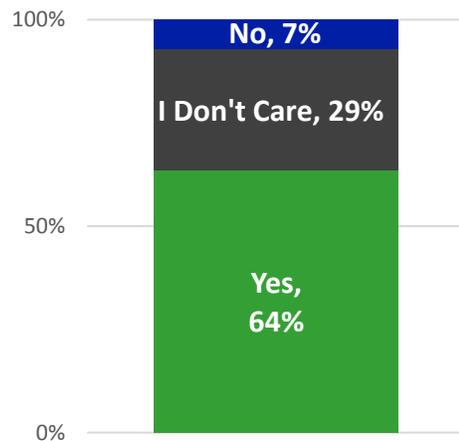
Appendix C: Supplemental Tables & Figures



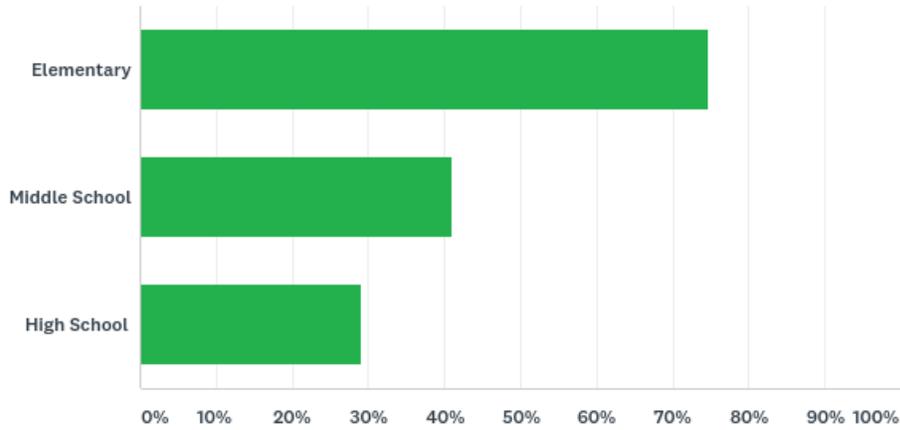
Parent Survey

Parent Responses	
Number of participants within districts	805
Average number of children per family	2.3
Families in which not all children have had a wellness visit in the past year	6%
Families in which not all children have seen a dentist in the past year	8%
Families who have taken a child to the ER in the past year	36%
Families who had a child admitted to the hospital following a visit to the ER	3.5%
Insurance (some have more than one):	
Medicaid	25%
Private insurance	75%
Uninsured	1.5%

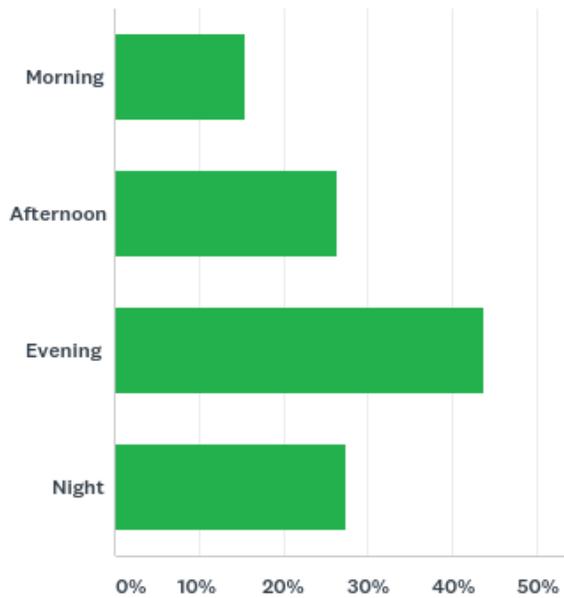
Would you like health services to be offered at your child's school?



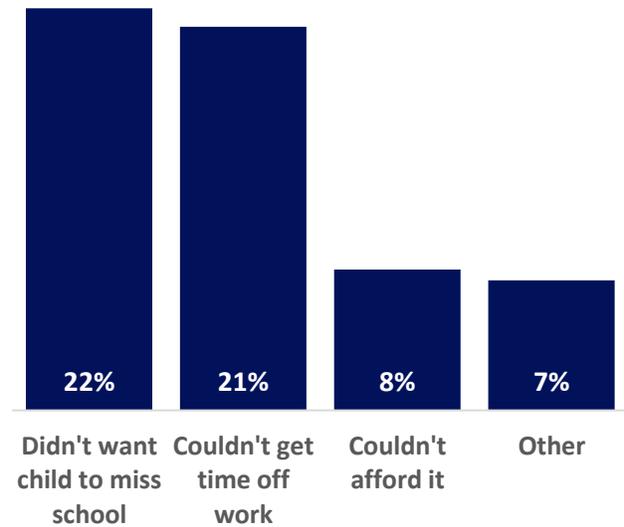
What level school do your children attend?
(Select all that apply)



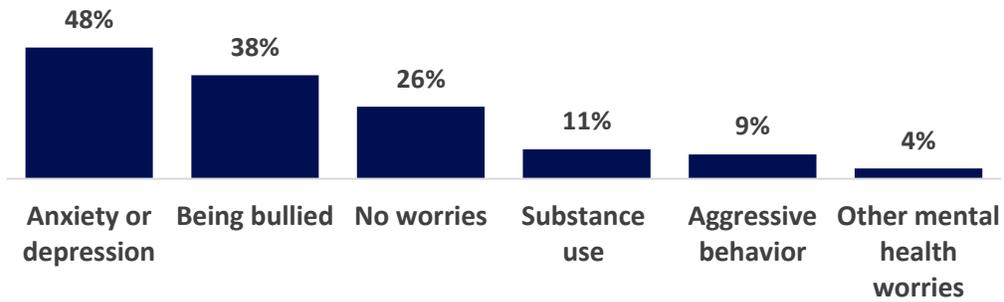
If you took your child to the ER in the past 12 months, what time of day was your child in the ER? (If multiple visits, choose all that apply)



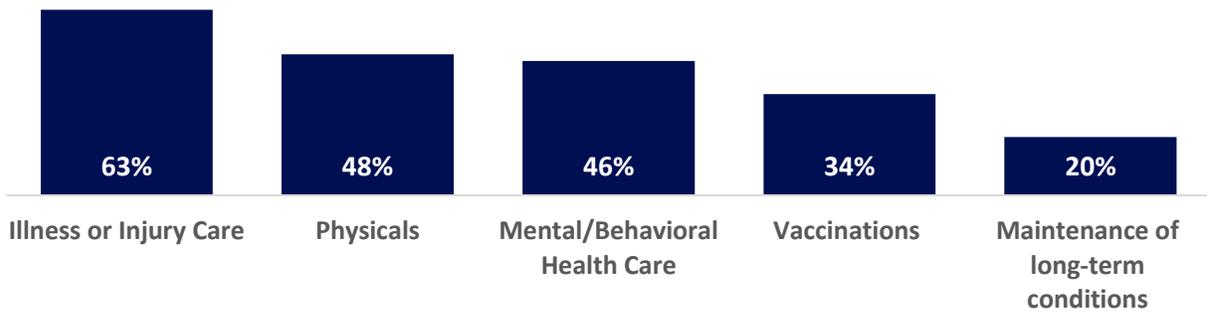
Which of the following problems have ever prevented you from taking your child to the doctor?



Related to your child's emotional health, what do you worry about most?



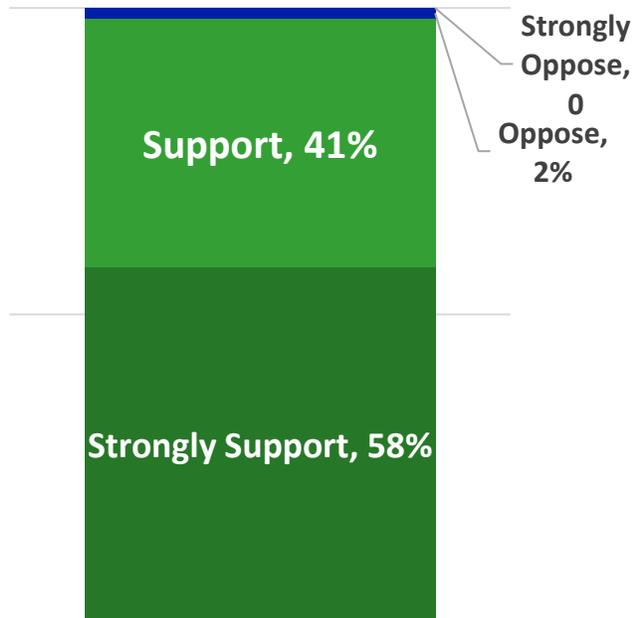
If these services were available at school, which would your children use?



Staff Survey

Staff Responses	
Number of participants within districts	238
Staff at school for over 10 years	51%
Teachers believe student attendance would improve with school-based health services	67%
Teachers spend more than 3 hours per week managing student health issues	81%
	13%

How do you feel about offering health services at your school?



Please rate the following services according to how much support you feel your school needs in these areas.

Support Needed – by School District

Level of Support Needed	Alanson	Petoskey	Harbor Springs
Very High	Mental Health Healthy relationship education Connecting parents to resources Sex education	Mental health	--
High	Nutrition education Oral health Seasonal illnesses	Connecting parents to resources Nutrition Education Oral Health Vision & Hearing	Mental Health
Moderate	Vision & hearing Crisis care Chronic disease Injuries	Chronic disease Healthy relationship education Crisis care Seasonal illness care Sex education Injury care	Nutrition education Connecting parents to resources Oral health Healthy relationship education Vision & hearing Chronic disease Seasonal illness Sex education Crisis care
Low	--	--	Injuries
Very Low	--	--	--

Support Needed – by School Level

Level of Support Needed	Elementary	Middle School	High School
Very High	Mental Health	Mental health	Mental health
High	Connecting parents to resources Nutrition education Oral health	Connecting parents to resources Safe dating education Nutrition Education Oral health Sex education	Safe dating education Connecting parents to resources Sex education Nutrition education
Moderate	Vision & hearing Chronic disease Seasonal illnesses Crisis care Injuries Safe dating education	Chronic disease Vision & Hearing Seasonal illness care Crisis care Injury care	Oral Health Vision & hearing Seasonal illness Chronic disease Crisis care Injuries
Low	Sex education	--	
Very Low	--	--	--

How do you feel about students leaving class to attend appointments at a school-based health center?

