

2014 Georgia High School Students with Chronic Conditions Data Summary

Background

Obesity, hypertension, diabetes, epilepsy, food allergies and asthma are just a few of the chronic conditions that affect school-age youth. These conditions may interfere with school attendance, academic performance, and physical and emotional health.¹ In 2013, approximately 9.6 percent of Georgia's children 6-17 years of age were uninsured.² Throughout the nation, 9.9 percent of children 5-17 years of age do not have a usual source of health care.³ Schools have a clear role in creating a healthy learning environment given that effective learning is dependent on good health.⁴ Healthy students get higher standardized test scores and are better prepared for the workforce.⁴ Schools can improve students' health by developing school-based chronic disease management programs.^{1,5,6,7}

Data Description

The School Health Profiles (SHP) is a biennial survey of middle and high school principals and lead health educators (LHEs) in representative middle and high schools in Georgia. SHP monitors the status of school health education, physical education, and school health policies related to HIV/AIDS, tobacco use prevention, nutrition, asthma management activities and family and community involvement in school health.

For the 2014 SHP survey, questionnaires were sent during spring 2014 to 392 regular public schools, charter schools and alternative schools containing any of grades 6 through 12. Survey responses were received from principals in 77 percent of schools and from LHEs in 72 percent of schools. Because the response rate was greater than 70 percent, the results were weighted and are considered representative of all public schools in Georgia.

Overview of Chronic Conditions Policies and Practices

- **One-hundred percent (100%)** of Georgia high schools identify and track students with chronic conditions that may require daily or emergency management.
- **Sixty-three percent (63%)** of Georgia high schools have a protocol that ensures students with a chronic condition that may require daily or emergency management are enrolled in private, state or federally funded insurance programs if eligible.
- **Fifty-three percent (53%)** of Georgia high schools provided referrals to community-based health care providers for students identified with chronic conditions or at risk for physical inactivity-, diet- and overweight-based chronic conditions.

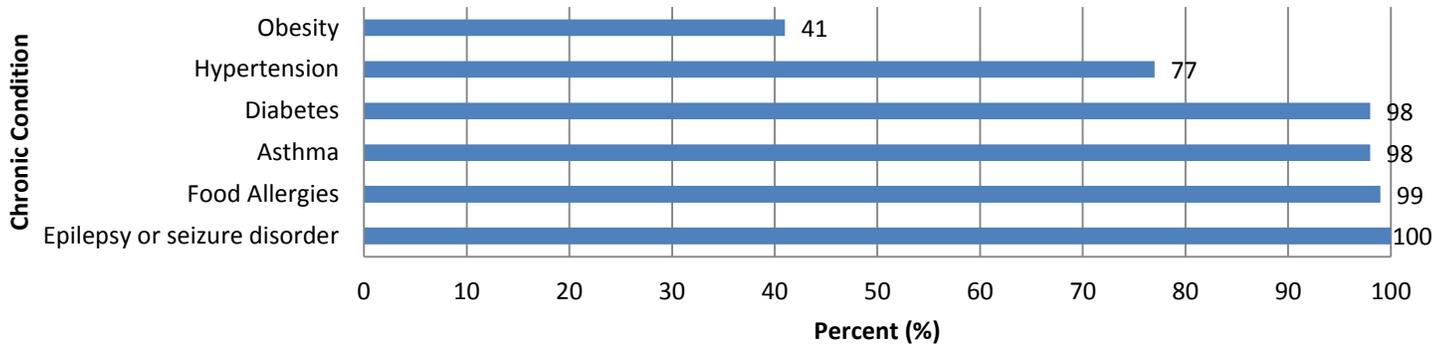


Georgia Department of Public Health

School Records

- **Forty-one percent (41%)** of Georgia high schools routinely used school records* to identify and track students with a current diagnosis of obesity (Figure 1).
- **One-hundred percent (100%)** of Georgia high schools routinely used school records to identify and track students with a current diagnosis of epilepsy or seizure disorder. (Figure 1).

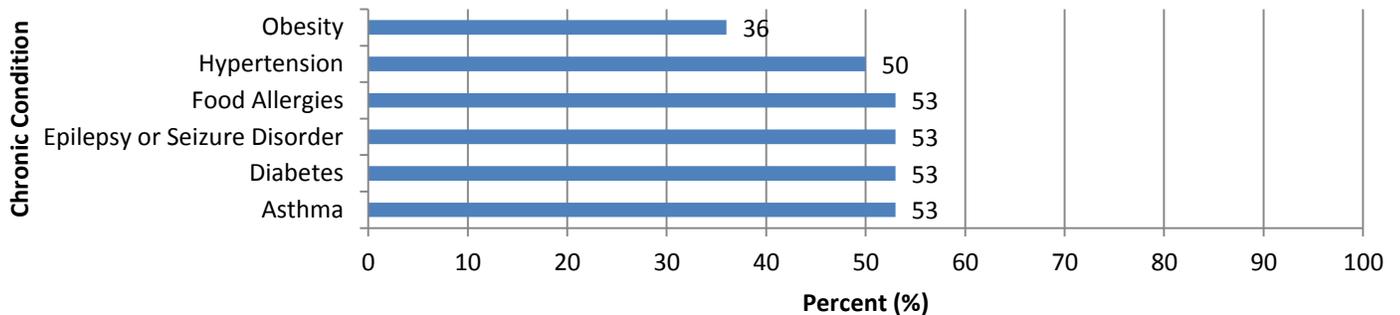
Figure 1. Percentage of Georgia High Schools that Routinely use School Records to Identify and Track Students with a Current Diagnosis of Chronic Conditions



Medical Care Referrals

- **Thirty-six percent (36%)** of Georgia high schools provided referrals to an organization or health care professional not on school property for students diagnosed with or suspected to have obesity (Figure 2).
- **Fifty-three percent (53%)** of Georgia high schools provided referrals to an organization or health care professional not on school property for students diagnosed with or suspected to have food allergies, epilepsy or seizure disorder, diabetes, or asthma (Figure 2).

Figure 2. Percentage of Schools that Provided Referrals to any Organization or Health Care Professional not on School Property for Students Diagnosed with or Suspected to have a Chronic Condition



*School records may include student emergency cards, medication records, health room visit information, emergency care and daily management plans, physical exam forms, or parent notes.

How Can Schools Improve Practices Involving Students with Chronic Conditions?

By tracking students with chronic conditions: Keeping records of absences, medical histories and primary care provider information of students with a chronic condition can help health care professionals assess the severity of their chronic condition and aid in determining the need for school-based case management.^{1,5,6,7,8} Schools can use health intake forms filled out by students during registration or school nurse records to document the medical histories and primary care provider information of students with chronic conditions (see <https://chronicdisease.site-ym.com/?ChronCondSchools> for resources). Information gained from tracking students can provide better medical management (for example, symptom management).^{1,5,6,7,8}

By identifying students with undiagnosed chronic condition using school records: Symptoms of chronic diseases interrupt the learning environment and lead to more absences and poorer academic performance.¹ Detecting the presence of a chronic disease is a prerequisite to treating it. Individual case identification works off of systems that are already in place in many schools.⁹ School health personnel can review health histories, reports of physical examinations and attendance records to develop a list of students who might have an undiagnosed chronic disease.⁹ Once identified, these students may be referred to appropriate medical care providers for a diagnosis.⁹

By monitoring and improving the insurance status of students with chronic conditions: Having longer than a 6 month gap in health insurance coverage is significantly associated with not having regular health care.¹⁰ Insurance coverage enhances the chances of having a medical home.¹⁰ Strong primary care is associated with lower mortality for all causes, including asthma.¹⁰ School health personnel can monitor the health insurance status of students with chronic conditions. If students are without health insurance, school health personnel could provide resources that will aid caregivers of students in enrolling students into eligible insurance programs.

By referring students to outside medical care providers when necessary: Schools do not always have the resources to adequately address the needs of students with chronic conditions. School nurses are able to refer students to the appropriate health care professionals.¹² Certified school nurses understand student health needs and are able to match student needs with the most relevant medical care provider.¹¹ Referring students to an appropriate health care provider promotes optimal student health outcomes.¹²

References

1. Erickson CD, Splett PL, Mullett SS, Jensen C, Belseth SB. The healthy learner model for student chronic condition management-Part II: The Asthma Initiative. *Journal of School Nursing*. 2006; 22(6):319-329.
2. U.S. Department of Commerce. Selected economic characteristics: 2009-2013 American Community Survey 5-year estimates; 2014. Accessed June 23, 2015. Available at: <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>
3. Agency for Healthcare Research and Quality. Table 1: Usual Source of Health Care and Selected Population Characteristics, United States, 2012. Medical Expenditure Panel Survey Household Component Data. Generated interactively. (June 23, 2015).
4. GenYouth. The Wellness Impact: Enhancing Academic Success through Healthy School Environments; 2013. Available at: http://www.genyouthfoundation.org/wp-content/uploads/2013/02/The_Wellness_Impact_Report.pdf
5. Taras H, Wright S, Brennen J, Campana J, Lofgren R. Impact of school nurse case management on students with asthma. *Journal of School Health*. 2004; 74(6):213-219.
6. Levy M., Heffner B, Stewart T, Beeman G. The efficacy of asthma case management in an urban school district in reducing school absences and hospitalizations for asthma. *Journal of School Health*. 2006; 76(6):320-324.
7. Splett PL, Erickson CD, Belseth SB, Jensen C. Evaluation and sustainability of the healthy learners asthma initiative. *Journal of School Health*. 2006; 76(6):276-282.
8. Performance Measures for Managing Chronic Conditions in School Settings. National Center for Chronic Disease Prevention and Health Promotion; 2015. Available at: http://c.ymcdn.com/sites/www.chronicdisease.org/resource/resmgr/School_Health/Domain_4_PMs_for_Managing_Ch.pdf
9. Wheeler LS, Boss LP, Williams PV. School-Based Approaches to Identifying Students with Asthma. *Journal of School Health*. 2004; 74(9) Skelton S. 1305
10. Starfield B, Shi L. The Medical Home, Access to Care, and Insurance: A review of Evidence. *Pediatrics: Official Journal of the American Academy of Pediatrics*. 2004; 113: 1493-1498.
11. Taras H, Duncan P, Luckenbill D, Robinson J, Wheeler L, Wooley S. Health, mental health, and safety guidelines for schools. Health and mental health services; 2004. Available at: <http://www.nationalguidelines.org/guideline.cfm?guideNum=4-03>. Accessed June 18, 2015.
12. Council on School Health. Policy Statement: Role of the School Nurse in Providing School Health Services. *American Academy of Pediatrics*. 2008; 1052-1056