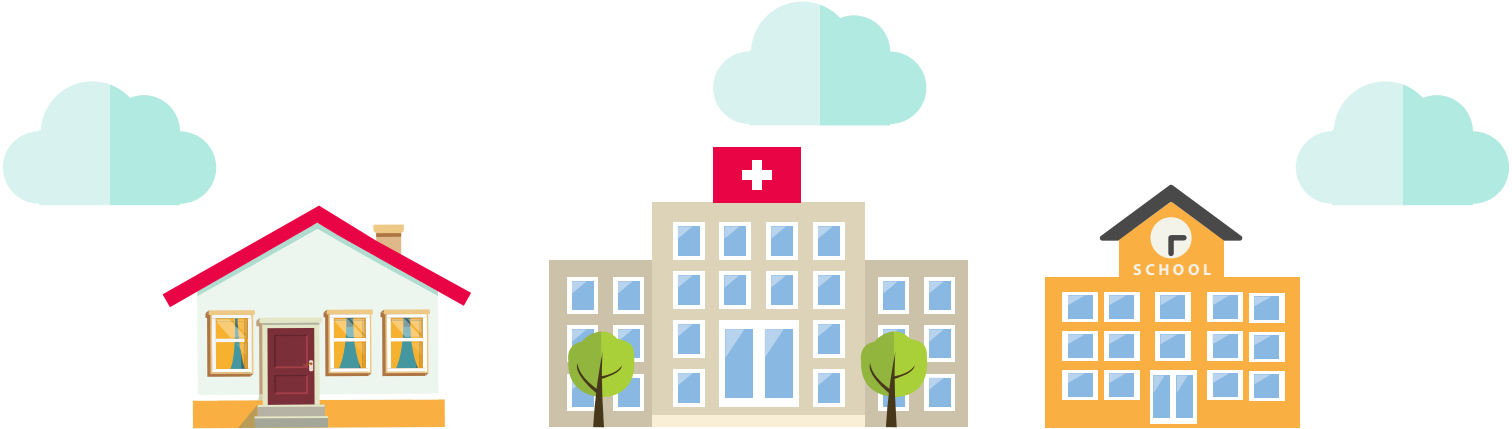
SCHOOL-FRIENDLY HEALTH SYSTEMS

CORE PRINCIPLES AND PRACTICES TO GUIDE HEALTH SYSTEMS TO HELP CHILDREN REACH THEIR FULL POTENTIAL



INTRODUCTION

A School-Friendly Health System is a health system working to ensure all children achieve optimal health and reach their full academic potential.

Education is a critical social determinant of health, and addressing health needs is essential to effective educational outcomes.

Studies repeatedly demonstrate this critical linkage. Children with poor health tend to have higher school absenteeism rates and lower academic achievement and are at risk for learning setbacks that interfere with their school experience. Conversely, education can create opportunities for better health—adults with more education tend to have better jobs, live in healthier neighborhoods and have better access to resources that contribute to better health. **It's clear that supporting education is a health intervention.**

Given the inherent, mutually reinforcing connection between health and education, a consortium of pediatric hospital teams and health organizations have undertaken **an initiative to help health systems become school-friendly**—supporting children and their families from early childhood through high school and beyond.

> "You can't educate a child who isn't healthy, and you can't keep a child healthy who isn't educated."
>
> *– Dr. Joycelyn Elders, Former U.S. Surgeon General*

A school-friendly health system (SFHS) is a health system—meaning any entity that manages or provides healthcare services or programs, such as hospitals, clinics and health centers—that is designed to ensure all children achieve optimal health and reach their full academic potential. Health systems have demonstrated the ability to help children achieve fulfilling learning experiences that contribute to better academic outcomes and success (e.g., decreased health-related absences, more accessible services and improved care coordination in school). This framework describes principles of an SFHS and associated practices informed by scores of leaders in health, education and communities. It is intended to outline how a health system can better support the education of children in the community it serves at every touchpoint–including effective school partnerships, clinical interactions and systems and policy design focused on education.

The SFHS initiative builds upon lessons learned from other initiatives to better position health systems to meet the needs of specific populations, such as the nationally recognized **baby-friendly** hospitals and **age-friendly** health systems initiatives. In addition, the Centers for Disease Control and Prevention's **Whole School, Whole Community, Whole Child model** provides a framework for greater collaboration between the health and education sectors to promote students' health and academic achievement. All of these efforts have shown that guiding organizational frameworks can have significant positive impact on patient and family experience, healthcare costs and health outcomes. With a focus on the school population, a framework for school-friendly health systems has the potential to position health systems to support improved academic outcomes.

INTRODUCTION

The SFHS initiative is rooted in the understanding that health systems and school systems are critical community pillars. They touch every community member, whether as service providers, employers or convening hubs. Health systems and school systems are already working together in innovative ways in communities across the country. Together, and in partnership with other sectors, they meet a host of essential community needs—not only healthcare and education, but also access to social services, parenting classes, food, wellness programs, jobs and career development and more. Understanding that each sector performs better when collaborating with the other, this framework was developed with input from healthcare and education professionals and community members. *The SFHS framework is intended primarily as a tool for health systems*, focusing on how they can contribute to improving children's health and academic experience, including by better positioning themselves as school partners. The terminology and actions are written with that audience in mind but do not diminish the importance of other critical stakeholders in successfully supporting children's health and education.

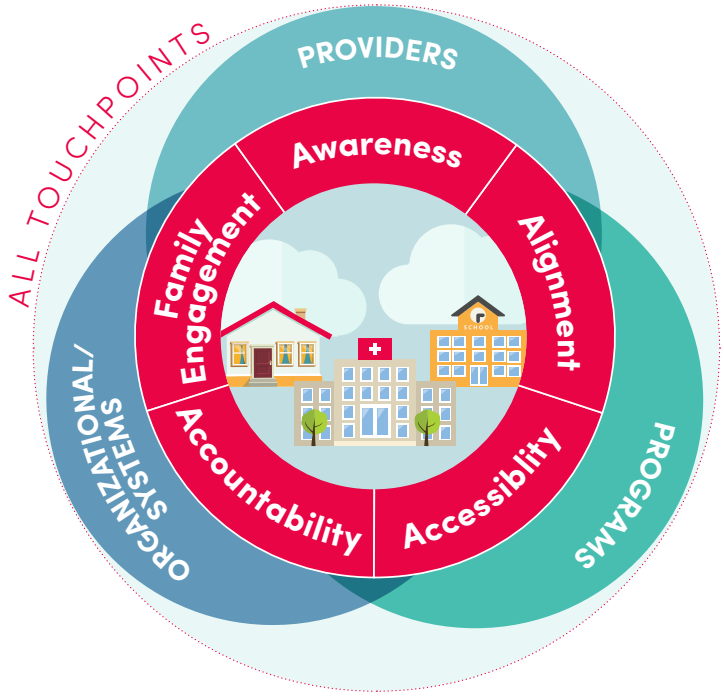
Health system is used to describe any entity/setting that manages or provides healthcare services or programs, including hospitals, clinics and health centers.

Provider is used to refer to any staff within a health system, including clinical, administrative, programmatic, liaisons and other support staff.

Program/Programming is used to describe any service or program run by a health system, such as school-based health centers, adolescent health education programs and healthy eating programs.

Organizational or systems level is used to describe activities or priorities set by a health system, usually by leadership, including strategic planning and policy setting.

The SFHS framework consists of five principles, each accompanied by practices that help illuminate how a health system can put them into action at ***all touchpoints.***



These are practices that professionals working at the intersection of healthcare and education view as emblematic of an SFHS, some already put into practice and some aspirational. Though there is certainly overlap across levels, the *provider level* generally refers to actions by individuals within a health system, the *program/programming level* refers to the design and implementation of health system initiatives and interventions, and the *organizational or systems level* refers to policy- and priority-setting activities that are often embedded in an organization's strategic plan. The practices encapsulated here are written to be adaptable rather than prescriptive. **How a health system can most effectively embody each SFHS principle will depend on its unique context and that of the surrounding community.**

CENTERING EQUITY AND SHARING POWER

Much attention has been rightfully drawn to troubling inequities in health and educational outcomes, especially racial and social inequities. When compared to white people, Black and Indigenous people and other people of color experience poorer outcomes in maternal and infant mortality, heart disease, diabetes, cancer and more. For example, Black children have higher rates of emergency department and urgent care visits for asthma than white children.[1] The root causes of these disparities are structural, political and historical, with decades of exclusion and disenfranchisement based on public policy having understandably eroded trust in health institutions among generations of impacted marginalized families and communities. Data collected in the 2020 Census shows a rapidly diversifying United States,[2] yet an increasing wage gap along racial lines, geographic location and intersectional social factors persists and negatively contributes to health outcomes.[3] Bringing equity to healthcare is perhaps the seminal task of the health sector today.

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A commitment to equity in both processes and outcomes is necessary to becoming an SFHS and is essential to being a high-quality health system overall. Equity must be embedded holistically as a priority throughout the organization, as well as in individual programmatic areas. Achieving equity requires bringing awareness to and remedying archaic and discriminatory practices. It involves encouraging cultural humility among healthcare providers and creating processes that include families and other partners to promote individual and community wellness. It requires leaders in both health and school systems to critically assess the equity of their service-delivery infrastructure. It involves courageous reimagining and redistribution of power among care team members, patients, families and communities.

1 *Racism and pediatric health outcomes.* Curr Probl Pediatr Adolesc Health Care. 2021 Oct;51(10):101087. doi: 10.1016/j.cppeds.2021.101087.
2 *The nation is diversifying even faster than predicted, according to new census data,* William H. Frey, Brookings, 2020. https://www.brookings.edu/research/new-census-data-shows-the-nation-is-diversifying-even-faster-than-predicted/.
3 *Most Americans Say There Is Too Much Economic Inequality in the U.S., but Fewer Than Half Call It a Top Priority,* Pew Research Center, 2020. https://www.pewresearch.org/social-trends/2020/01/09/most-americans-say-there-is-too-much-economic-inequality-in-the-u-s-but-fewer-than-half-call-it-a-top-priority/

The SFHS framework includes specific ways to account for diverse community conditions and lived experiences in the context of a health system's school-friendly initiatives, but it is not a comprehensive guide to equity in healthcare.

Many resources exist to center equity and share power. The SFHS initiative supports and complements the organizations and individuals pushing health systems to dismantle systems of oppression, be anti-racist, move their interventions further upstream and adopt care and payment models that achieve equitable health outcomes for all.

APPLY "AN ALL TOUCHPOINTS" APPROACH

The term "school-friendly" may naturally draw focus to how health systems can enhance delivery of services in school settings or improve the design of school-based programming. However, there are myriad ways health systems can shift practices or design patient experience i*n the health system itself,* in and outside of partnerships with schools, to support the learning experience of the children they serve. Health systems are uniquely positioned to influence children's school experience, directly and indirectly, through their significant community footprints, financial power and policy influence. An SFHS understands that leveraging its influence in this way directly serves its mission, given the correlation between education and long-term health outcomes.

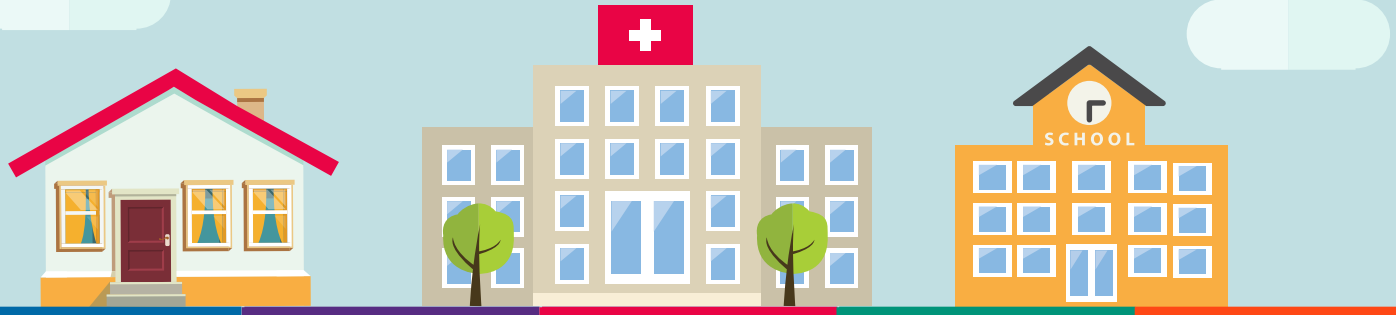
SCHOOL-FRIENDLY HEALTH SYSTEMS PRINCIPLES

The principles encapsulated in this framework are derived from interviews, discussion groups and surveys with a wide range of health and education professionals, including pediatricians, educators, health system and school administrators, school nurses, parents and guardians, community health experts and others. Input from the field was abundantly rich, nuanced and textured, and from this deep well of information five central ideas continually surfaced. The principles and practices of an SFHS, listed below in no particular order, are summarized with examples at the provider, program/programming and organizational or systems levels (an "all touchpoints" approach). The SFHS principles and practices will be updated periodically to reflect new learning and changes to healthcare and education policies and the environment.

1. **AWARENESS:** School-friendly health systems are familiar with, and responsive to, the culture, policies and needs of the school systems and students they serve.
2. **ALIGNMENT:** School-friendly health systems have a cohesive strategy for collaborating with schools and communities that aligns with those partners' needs and goals.
3. **ACCESSIBILITY:** School-friendly health systems make themselves accessible to school partners and collaborate with those partners to optimize students' learning experience.
4. **ACCOUNTABILITY:** School-friendly health systems set organizational goals that support children's learning and set metrics and incentives that reinforce those priorities.
5. **FAMILY ENGAGEMENT:** School-friendly health systems collaborate and share power with families,[4] understanding that they are the most important conduits between health systems and schools.

4 "Family" and "family member" are used to refer generally to the people in a patient's life who are responsible for their care, including parents, siblings, extended family members and guardians.

School-Friendly Health Systems Principles



Awareness	Alignment	Accessibility	Accountability	Family Engagement
School-Friendly Health Systems...				
Are familiar with, and responsive to, the culture, policies, and needs of the school systems and students they serve	Have a cohesive strategy for school partnerships that aligns with those partners' needs and goals	Make themselves accessible to school partners and work with those partners to optimize students' learning experience	Set organizational goals that support children's learning and set metrics and incentives that reinforce those priorities	Collaborate and share power with families
School-Friendly Health Systems practice these principles at all touchpoints by...				
ALL TOUCHPOINTS — PROVIDERS Asking questions about school Understanding school policies, requirements & climate Understanding SDoH Understanding and applying HIPAA & FERPA	Collaborating with education professionals	Forming a "common language" with parents & schools Being flexible in their care delivery	Working with students, families and schools to help meet academic goals	Involving family members as partners in achieving health and academic goals
ALL TOUCHPOINTS — PROGRAMS Reflecting the diversity of schools	Co-designing with schools Being based on partner and community needs	Integrating into regular school activities when possible (nondisruptive design)	Having sustained, reliable funding Capturing reimbursement for services provided in schools	Providing multi-generational support Engaging families in data-sharing arrangements
ALL TOUCHPOINTS — ORGANIZATIONS/SYSTEMS Capturing data related to patients' school experience Knowing school partners' priorities Enabling information exchange with education sector & community	Ensuring coordination among its education-related programs Promoting information about school programs and related resources Using bi-directional data sharing to inform goal setting	Supporting school-based care models and professionals Enabling clear entry/pathways for schools and families Offering telehealth services & services outside of regular school hours Enabling in-patient learning	Adopting education-related performance measures Developing data sharing arrangements with school systems Having dedicated school-friendly staff with supported resources and polices Engaging education sector in public policy agenda- setting	Making themselves easy for families to navigate Building trust and open communication with families

A framework built on Equity and Shared Power with families.

For more information, visit childrensnational.org/school-friendly.

1. AWARENESS

SCHOOL-FRIENDLY HEALTH SYSTEMS ARE FAMILIAR WITH, AND RESPONSIVE TO, THE CULTURE, POLICIES AND NEEDS OF THE SCHOOL SYSTEMS AND STUDENT POPULATIONS THEY SERVE.

PRACTICES AT THE PROVIDER LEVEL

1a. **A school-friendly provider asks questions about patients' experiences in school and is alert to responses that could indicate potential health or social challenges.** Healthcare providers often carry enormous credibility with children and families, which they can use to get a sense of their patients' school experiences and reinforce academics-supporting messages. Inquiries should be coupled with an understanding of the factors that influence a student's ability to attend and engage in school.

Racial and cultural sensitivity are critical when inquiring into patients' school experience. Legacies of racism and disfranchisement inform attitudes towards the education and health systems. As they encourage a commitment to learning, providers should understand not all students view school and health systems as safe, trusted or fun spaces and should help to navigate that dynamic.

1b. **A school-friendly provider is mindful of relevant school policies, requirements and climate.** For example, school-friendly providers understand how chronic absenteeism[5] is defined in the school systems their patients attend and the implications for students deemed chronically absent. School-friendly providers have familiarity with health-related school requirements (e.g., annual school health forms, immunization records, Individualized Education Programs [IEPs][6] and 504 Plans[7]), and know when to prompt discussion of potential usage and how to support meeting these requirements.

1c. **A school-friendly provider has a deep understanding of and screens for *social determinants of health* (SDOH),[8] as well as education-relevant health disparities in the community.** Many of the same social determinants that affect health outcomes (e.g., housing security, food security, community safety) also affect children's ability to learn—the *social determinants of learning*. School-friendly providers are attuned to this overlap.

1d. **A school-friendly provider has strong familiarity with federal health and education privacy laws and how to apply them.** Appropriate data exchange between the health and education sectors is key to effective continuity of care across settings. School-friendly providers seek to understand the requirements under the Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA) and how to navigate them.

5 Chronic absenteeism is defined as missing 10 percent or more of the academic year for any reason, including excused and unexcused absences, suspensions and time missed due to changing schools. https://www.attendanceworks.org/chronic-absence/the-problem/

6 An Individualized Education Program (IEP) is a legal document that describes a plan for teachers, parents, school administrators, related services personnel and students (when appropriate) to work together to improve educational results for children with disabilities. "A Guide to the Individualized Education Program," Office of Special Education and Rehabilitative Services, U.S. Department of Education, July 2000. https://www2.ed.gov/parents/needs/speced/iepguide/index.html

7 The 504 Plan is a plan developed to ensure that a child who has a disability identified under the law and is attending an elementary or secondary educational institution receives accommodations that will ensure their academic success and access to the learning environment. https://www.washington.edu/accesscomputing/what-difference-between-iep-and-504-plan

8 Conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. https://www.cdc.gov/socialdeterminants/index.htm

PRACTICES AT THE PROGRAM/PROGRAMMING LEVEL

1e. **SFHS programs reflect the diversity of the schools the serve.** An SFHS recognizes schools are not monolithic—one size does not fit all. Programs designed for one community, school or school district may not be directly transferable to another community, school or school district. Programs must be adaptable to different settings and delivery modes rather than pulled off the shelf.

PRACTICES AT THE ORGANIZATIONAL OR SYSTEMS LEVEL

1f. **An SFHS establishes systems to capture data related to patients' school experience.** An SFHS works with its providers and school partners to develop education-related screening questions and uses electronic medical records and/or other standard documentation protocols to consistently capture patients' school-related information and needs.

1g. **An SFHS is aware of its school partners' priorities and key metrics (e.g., achievement scores, graduation rates, in-class time or social and emotional learning).** School-friendly providers become familiar with their school partners' strategic plans and areas of strength and need, and use this information to inform their own program design and priority setting.

1h. **An SFHS promotes information exchange feedback loops with the education sector and broader community.** For example, an SFHS might encourage or incentivize its leaders and providers to serve on school- or district-level wellness teams or boards of education and, conversely, reserve a seat on the hospital board or advisory committees specifically for educators and families.

2. ALIGNMENT

SCHOOL-FRIENDLY HEALTH SYSTEMS HAVE A COHESIVE STRATEGY FOR COLLABORATING WITH SCHOOLS AND COMMUNITIES THAT ALIGNS WITH THOSE PARTNERS' NEEDS AND GOALS.

PRACTICES AT THE PROVIDER LEVEL

2a. **A school-friendly provider, and particularly health system staff leading school-based interventions or school programs, is adept at collaborating with key individuals in education.** School-friendly providers respect and amplify the expertise of school-based professionals and the education system's deep knowledge of its students and communities. The SFHS takes time to understand schools' capacity to support students' health, so as not to overestimate that capacity (leading to poor care) or underestimate it (leading to preventable out-of-school time).

PRACTICES AT THE PROGRAM/PROGRAMMING LEVEL

2b. **An SFHS practices co-design and co-implementation of programming that is school-based and/or otherwise involves or affects the school system.** School-based programming should aim to deliver interventions with schools, not just in schools. Co-location is not the same as co-design or collaboration. An SFHS works with its school partners to design programming that serves the goals of both sectors, beginning with an assessment of the existing program that partners with a school or district to ensure that the new program is needed and complementary. Strong relationships between health system program leaders and school system staff and leadership are prerequisites to effective co-design, as is buy-in from education sector partners, including student engagement. Effective co-design and co-implementation may also involve using tools and training to build capacity of existing school staff and resources.

School-based programming should aim to deliver interventions with schools, not just in schools.

PRACTICES AT THE ORGANIZATIONAL OR SYSTEMS LEVEL

2c. **An SFHS ensures coordination among its education-related programs.** Health systems are complex and may have many touchpoints with the education sector. An SFHS coordinates these programs internally to ensure they collectively serve the SFHS goals that are coordinated with school systems and that they are sufficiently resourced to do so. Staff should engage in consistent and transparent interdepartmental communication and strategy-building to reduce internal silos and maximize impact.

2d. **An SFHS makes information about its school programs and related resources readily available to staff.** Many organizations have existing tools and other resources meant to help health professionals support their patients as students (e.g., information on HIPAA and FERPA, IEPs and 504 Plans and school-related screening questions), but they are not always given visibility. An SFHS promotes its education-related programs internally and makes related resources easy to access (e.g., through a central database or webpage).

2e. **An SFHS uses bi-directional data-sharing to inform program development, assessment and refinement. Health systems and school systems are data-driven institutions.** An SFHS uses qualitative and quantitative data to measure and demonstrate the impact of its school partnerships and efforts to support the educational experience of its patients generally. It is also continually evaluating its data quality, asking itself and its partners whether the types of data being collected and shared truly serve their shared goals.

3. ACCESSIBILITY

SCHOOL-FRIENDLY HEALTH SYSTEMS MAKE THEMSELVES ACCESSIBLE TO SCHOOL PARTNERS AND COLLABORATE WITH THOSE PARTNERS TO OPTIMIZE STUDENTS' LEARNING EXPERIENCE.

PRACTICES AT THE PROVIDER LEVEL

3a. **A school-friendly provider seeks to form a "common language" with families, schools and school personnel.** The health sector uses a lot of complicated words and acronyms. School-friendly providers incorporate health literacy practices, avoid jargon and communicate with their school and community partners in ways that can be easily understood. When complex terms must be used, they are defined.

3b. **A school-friendly provider is flexible, especially health system staff working in schools.** For health professionals working directly in the school setting (school nurses, behavioral health professionals, etc.) the ability to be nimble and adapt practices to meet children and schools where they are is a critical skill. Flexibility may mean catching a student between classes for an informal check-in, being receptive to unexpected drop-ins, staying after hours to catch up on missed appointments or adopting virtual/telehealth solutions.

PRACTICES AT THE PROGRAM/PROGRAMMING LEVEL

3c. **SFHS programs are designed to be integrated into regular school activities when possible.** An SFHS works with its school partners to ensure that health services/programs are built as naturally as possible into the school day and well-timed in the school calendar. Health systems may also consider quick-consultation mechanisms (e.g., hotlines or telehealth models) specifically for families and schools that enable them to easily reach providers with questions and, ideally, reduce students' out-of-school time. When a child must miss school to be in the health system, the health system should consider all of the supports the child may be missing as a result.

3d. **SFHS programs are inclusive and available to students of all abilities.** All school-based programs and programs that involve school partners or students should be designed for all participants, and consider aspects such as language access, disability status, cultural congruency, literacy levels and income levels.

PRACTICES AT THE ORGANIZATIONAL OR SYSTEMS LEVEL

3e. **An SFHS supports school-based care models and professionals.** Specialized school-based health system staff—such as school nurses, counselors, social workers and mental/behavioral health professionals—serve vital roles in maintaining continuity of care and education in the school setting. They can form daily relationships and routines with students that providers not based in schools typically do not, and they can strengthen the health-related decisions of other staff in the school. An SFHS resources and supports such positions.

3f. **An SFHS has a clear "front door" for school partners and families.** Health systems are inherently large and complex to navigate, yet are critical partners in providing information to improve educational outcomes for children. Developing a single point of entry via an online form as it makes information about its school programs accessible to the education sector can streamline requests and reduce delays in access for schools and community partners. Requests may include but are not limited to disease education, professional development, data and clinical services. The triaging of requests ensures that the appropriate team is connected and able to provide the requested services or information in a timely manner.

3g. **An SFHS offers nonemergency services outside of regular school hours**. Many health systems, and especially pediatric offices and outpatient mental health facilities, already offer evening and/or weekend service hours to accommodate families' school and work schedules. This practice can be expanded for specialty services, particularly to support children with chronic conditions that require them to interact with health systems more frequently. Health systems may also offer connection to specialty services via telehealth to limit students' out-of-school time.

3h. **An SFHS enables inpatient learning. An SFHS understands the unique educational challenges facing children with chronic health conditions and/or who experience prolonged hospitalization.** School-friendly providers work to help children who must have extended inpatient time to continue their education (e.g., by employing hospital educator and academic liaison professionals).

4. ACCOUNTABILITY

SCHOOL-FRIENDLY HEALTH SYSTEMS SET ORGANIZATIONAL GOALS THAT SUPPORT CHILDREN'S LEARNING AND SET METRICS AND INCENTIVES THAT REINFORCE THOSE PRIORITIES.

PRACTICES AT THE PROVIDER LEVEL

4a. **A school-friendly provider refers patients and families to resources that support their academic needs and goals.** After inquiring about their patients' school experience, school-friendly providers are able to connect patients with resources to support their school engagement and performance. These resources may be in the clinic, school system or community and include resources to help address social needs.

PRACTICES AT THE PROGRAM/PROGRAMMING LEVEL

4b. **SFHS programs have sustained, reliable funding.** Establishing effective, well-integrated programs within schools can take years of relationship building, learning and adapting. When programs are continually phased in or phased out of school systems, it erodes schools' willingness to participate in such efforts, a phenomenon with which school systems are unfortunately familiar, particularly in academic medical settings and universities where resources are often dispersed on a time-limited, per-project basis. A program's potential impermanence can itself dissuade buy-in among school partners, even with otherwise promising results. An SFHS conducts sustainability planning with schools (building-, district- and state-level), continually revisiting champions and buy-in in an ongoing quality-improvement effort.

4c. **An SFHS helps school systems capture reimbursement for health services provided in schools.** Schools can leave thousands of dollars in reimbursable services on the table, often due simply to lack of familiarity with payer systems. An SFHS helps its school partners navigate payment systems—documentation, understanding of Medicaid, licensure, etc.—where applicable.

Establishing effective, well-integrated programs within schools can take years of relationship building, learning and adapting.

PRACTICES AT THE ORGANIZATIONAL OR SYSTEMS LEVEL

4d. **An SFHS adopts goals and metrics that directly tie the system's performance to education-related or school-friendly outcomes.** School-friendliness must become one of the measures a health system uses to evaluate itself and its employees. Without this evaluative element, school-friendliness will remain a temporary or under resourced effort instead of a core practice of the system. Moreover, to make these priorities meaningful, an SFHS ties actualization of these goals to performance measures and financial incentives for health system leadership.

Examples include:

i. Writing school-friendly competencies (e.g., the provider-level characteristics described in this framework) into the job descriptions and expectations of health system staff at all levels and factoring delivery and improvement of school-friendliness into performance evaluations and promotions.

ii. Adopting education-related metrics, such as third-grade reading level or chronic absenteeism levels, into health systems' community health improvement plans or other organizational strategy frameworks. Ideally, these metrics should be linked to executive pay or other financial incentives to drive action.

4e. **An SFHS strives to develop data-sharing arrangements with school systems. Data sharing is key to collaboration.** There are many examples of school and health systems that have established data-sharing arrangements or pilot programs with good results[9] (these include school systems receiving health information and health systems receiving student data, such as attendance, grades and behavioral referral records, to enhance their respective practices). An SFHS works to create data-sharing mechanisms between school and health systems so that its providers are able to turn that information into actionable, helpful guidance for patients, families and schools.

9 "Data Sharing Across Child-Serving Sectors," Amber A. Hewitt, et al., October 2019. https://www.nemours.org/content/dam/nemours/wwwv2/filebox/about/data-sharing-brief.pdf

4f. **An SFHS has staff exclusively dedicated to the management and improvement of school-friendly programming and the adoption of school-friendly practices systemwide.** School-friendliness is perhaps most clearly reflected in a health system's organizational chart when the system has an office, team or steering committee dedicated to driving school-friendly competencies, programs and policies within the system, ideally including staff with education backgrounds.

4g. **An SFHS engages the education sector in its public policy agenda-setting process and uses its influence to meet overlapping interests.** Many health systems carry significant local and national political influence, and often have more resources than school systems to support a legislative agenda, particularly at the local level. An SFHS lends its influence to school systems, as appropriate, to drive shared policy goals.

5. FAMILY ENGAGEMENT

SCHOOL-FRIENDLY HEALTH SYSTEMS COLLABORATE AND SHARE POWER WITH FAMILIES, UNDERSTANDING THAT THEY ARE THE MOST IMPORTANT CONDUITS BETWEEN HEALTH SYSTEMS AND SCHOOLS.

PRACTICES AT THE PROVIDER LEVEL

5a. **A school-friendly provider involves families as partners in supporting their children's health and education.** It is essential that school-friendly providers involve families in investigating how children's health may be affecting their experience in the classroom (and vice versa) and engage family members in interventions—including family members in questioning during regular appointments/encounters, especially for younger or nonverbal children, and educating families about children's health, its relationship to education and the ways in which health conditions can be managed in a school setting.

PRACTICES AT THE PROGRAM/PROGRAMMING LEVEL

5b. **An SFHS provides multi-generational and social health support.** In many cases, family members are in need of the same health and social services being offered to their children in school. While school-based health programs are typically designed around childhood interventions, an SFHS integrates multigenerational models of care, noting that overall family and household well-being is vital to children's health and academic experience.

5c. **An SFHS actively engages families in data-sharing arrangements while respecting families' rights to be protective of their children's information.** Families have the responsibility of managing health and education data for their children across systems. Lack of family buy-in can be a barrier to establishing or scaling data-sharing arrangements across sectors. Families may be understandably hesitant to loosen privacy around their children's information without understanding the value of doing so. An SFHS clearly communicates to families why and how data sharing will benefit their children.

Overall family and household well-being is vital to children's health and academic experience.

PRACTICES AT THE ORGANIZATIONAL OR SYSTEMS LEVEL

5d. **An SFHS aims to make itself as easy as possible for families to navigate.** Health systems are complex and constantly evolving environments, and this can be daunting to families. An SFHS strives to simplify the system for families, including clearly communicating which forms and paperwork they will need for each visit, providing translation/interpretation services, ensuring family members feel comfortable asking questions and simply making it easy to navigate the building.

5e. **An SFHS builds trust and open communication with families.** School-friendly practices must include dismantling the implicit biases in medical practices and understanding the importance of lived experience and culture in providing effective treatment services. Increasing professional opportunities for providers to acquire knowledge of person-centered, family-centered and trauma-informed processes goes a long way to creating a care environment of open communication with families grounded in healthy, mutually beneficial relationships for improved life outcomes.

PRINCIPLES AND PRACTICES OF SCHOOL-FRIENDLY HEALTH SYSTEMS

September 2023

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Children's Mercy KANSAS CITY

Children's NEBRASKA

Children's Wisconsin
Kids deserve the best.

Cincinnati Children's

St Luke's

CHOC

Children's National