The Center for Health and Health Care in Schools

2121 K Street, NW, Suite 250
Washington, DC 20037
202-466-3396 fax 202-466-3467
www.HealthInSchools.org

E-Journal:

Health and Health Care in Schools

A report from the Center for Health and Health Care in Schools on the policies and financing of health programming in schools

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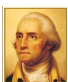
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Where Schools Stand on Health and Wellness—A Comprehensive Report

In the largest and most comprehensive study to date of health and wellness policies and programs in U.S. schools, the federal Centers for Disease Control and Prevention (CDC) said October 19 that schools "have made significant progress" in reducing junk food and offering more physical education, but schools need to take further steps to improve the health and safety of students.

The 2006 School Health Policies and Programs Study (SHPPS) found that:

- Thirty-two percent of states now prohibit schools from offering junk foods in vending machines, and 30 percent of school districts have such prohibitions;
- Forty-six percent of schools now sell water in vending machines or school stores;
- Twelve percent of states now require elementary schools to provide regularly scheduled recess, and 57 percent of school districts have this requirement;
- Sixty-four percent of schools prohibit tobacco use in all school locations, including off-campus school-sponsored events;
- Only 25 percent of schools now sell cookies, cakes, or other high-fat baked goods in vending machines or school stores, and only 19 percent offer French-fries a la carte;
- Seventy-three percent of schools offer salads a la carte.

All of those figures are an improvement over a study conducted six years ago, in 2000, the CDC pointed out, but the 2006 study also noted some areas in need of improvement, including that the majority of high schools still sell high-sugar and high–salt snacks in vending machines or school stores; and only 4 percent of elementary schools, 8 percent of middle schools, and 2 percent of high schools provide daily physical education or its equivalent for the entire school year for all students in all grades.

Broken down by the health-related services provided in schools, the study found that:

- One-third of schools have a full-time school nurse, defined as a registered nurse or licensed practical nurse present in the school for at least 30 hours per week; and slightly more than half of schools have a part-time nurse;
- More than 95 percent of schools provide first aid, administration of medications, and cardio-pulmonary resuscitation, but fewer than 60 percent offer prevention services such as tobacco-use prevention;
- Eighty percent of schools have a part-time or full-time school counselor, 61 percent have a part- or full-time psychologist (whose primary responsibility frequently is testing children for placement in special education classes or providing mental health support to children enrolled in special education), and 42 percent have a part- or full-time social worker;
- Between 20 percent and 27 percent of states offer district food service directors and managers state certification, licensure, or endorsement, and only 15 percent of districts require a newly hired food service director to have such credentials;
- Fewer than half of school food service directors and managers who responded to the study reported having an undergraduate degree.

Asked what health education topics are taught at various school levels,

respondents to the study indicated that alcohol and other drug use prevention and tobacco-use prevention programs are required and taught in most states, districts, and schools, in grades K through 12. Human sexuality is addressed in half of elementary schools, 72 percent of middle schools, and 84 percent of high schools, along with HIV prevention and pregnancy prevention. Some 84 percent of elementary schools, 82 percent of middle schools, and 86 percent of high schools discuss nutrition and dietary behavior.

The CDC's goal in releasing the study findings, said CDC Director Julie Gerberding, is "to provide health and education officials with useful information that will help them develop and improve programs that can have significant benefit for our school-aged children."

The School Health Policies and Programs Study is conducted by the Centers for Disease Control and Prevention every six years. Results of the 2006 study are published in the October2007 issue of the Journal of School Health; summaries and fact sheets including state education agency policies are available on the Internet at www.cdc.gov/SHPPS.

School Health Issues: Contraceptives and Antibiotic-Resistant Infections

Contraceptives

A middle school in Portland, Maine, became national news in October after the school-based health center asked for and received permission from the school board to distribute contraceptives to female students aged 11 to 15 in grades six to eight.

The health center, which is operated by Portland's Public Health Division, acted after a number of pregnancies among middle school girls; the three middle schools in the city have reported 17 pregnancies during the last four years, not counting miscarriages or terminated pregnancies that were not reported to the school nurse. Of 134 students who visited the King Middle School health center last school year, five said they were sexually active.

The new policy provoked controversy in Portland and nationwide, as critics charged that providing contraception encourages children to have sex, and proponents argued that the students who need protection have already made the decision to be sexually active.

The King health center requires parental permission for students to access treatment, but the center does not spell out the exact nature of the services that will be available. State laws in Maine, as in all other states, protect the confidentiality of reproductive health services provided to minors. State laws vary on the issue of contraceptives; some states prohibit provision of contraception at school by any entity.

In a follow-up to the initial Portland School Committee's decision to allow contraceptive distribution, the committee is scheduled to vote this month on whether to limit access to prescription birth control to students who are at least 14 years old and to require that the center's parental permission forms spell explain more clearly the services that may be provided.

Methicillin-Resistant Staphylococcus Aureus

Public schools, alarmed by reports of illness and even deaths of students from a rash of antibiotic-resistant staph infections, are disinfecting their bathrooms and athletic facilities and testing staff and students for the bacterial strain, though the federal Centers for Disease Control and Prevention (CDC) says that it has no evidence of a nationwide surge in incidence of the infection.

Like many bacteria, Staphylococcus aureus has become resistant to a number of the drugs such as penicillin that were most often used to treat it, though staph infections still respond to a range of other antibiotics. Infection is spread easily through skin contact or abrasions, and is most often seen in care facilities such as hospitals and nursing homes, where the compromised immune systems of ill or elderly persons are believed to heighten their susceptibility. In schools, sports activities that involve skin contact and injuries, plus crowding and humidity in locker rooms, are believed to contribute to infection.

A best protection against staph is strict and consistent handwashing, to prevent transmission from person to person, says the CDC. In hospitals, infection spreads when doctors fail to wash their hands between patients, and schools are vulnerable if soap containers are allowed to remain empty or students do not have easy access to bathrooms.

Extensive fact sheets about Staphylococcus aureus are available online at www.cdc.gov/staph.

A Report and Further Debate on School Drug Testing

A carefully designed study of the effects of random testing of student athletes for drug and alcohol use found little evidence of reduced drug use by athletes in schools with random testing policies, and the authors of a report in the November issue of the *Journal of Adolescent Health* suggest that more research is needed before random drug testing is considered an effective deterrent for school-based athletes.

The two-year prospective randomized controlled study of a single cohort of students in 11 Oregon high schools that either had or did not have policies for random drug and alcohol testing of athletes found that "Student athletes from intervention and

control schools did not differ in past one-month use of illicit drug or a combination of drug and alcohol use at any of four follow-up periods." At the final assessment, the student athletes in schools with testing programs also "believed less in testing benefits and less that testing was a reason not to use drugs." The report indicates, however, that the testing schools had better records than the control schools when student athletes were asked about their drug use in the previous year.

In a background editorial accompanying the research report, the *Journal of Adolescent Health* noted that both opponents and proponents of random testing agree that prevention and detection of drug use by adolescents is a national problem, but "The question of how best to accomplish this goal has not yet been determined."

The editorial points out that debate on whether random drug testing is effective has been going on since the United States Supreme Court ruled in 1995 that random drug testing of athletes is constitutional. In 2002, the Court went even further, ruling that schools have the authority to perform random drug tests on all middle and high school students participating in extracurricular activities. The Supreme Court has not yet said whether laboratory testing of all students in a school, including those who do not participate in extracurricular activities, would be constitutional, "and a national debate has arisen on the merits of drug testing for all students in a school."

Among the questions that can arise, the editorial points out, is whether administering a drug testing program may cause students to switch from use of marijuana, which is relatively less harmful but easily detectable in urine, to use of inhalants, which are relatively more harmful but not readily detectable in urine. There is also the possibility that students may face disciplinary action or other negative consequences on the basis of a false positive drug testing, or that parents, coaches, and administrators will be erroneously assured that a student is not using drugs as the result of a false negative test.

The research report also did not look at the cost of drug testing. High-quality tests such as those used in the study are expensive, and the editorial speculates whether resources may be better spent on evidence-based prevention programs or on establishing more drug treatment programs that are developmentally appropriate for adolescents. It also suggests that less costly approaches to screening, such as confidential interviews of students, might be as effective as laboratory tests in detecting drug use and more effective in identifying high-risk drug use.

The new research may not help to determine whether testing is effective, the editorial concedes, but it raises a lot of questions, both pro and con, and "Policy makers should be cautious in implementing drug testing programs until more of these questions are answered."

The research report, "Outcomes of a Prospective Trial of Student-Athlete Drug Testing Using Random Notification (SATURN) Study," and the editorial, "The National Debate on Drug Testing in Schools," are published in the November 2007 issue of the Journal of Adolescent Health.

Why Millions of Eligible Children Lack Medicaid, SCHIP

As President Bush and the Congress continue to disagree about how many children should be enrolled in the State Children's Health Insurance Program (SCHIP) in the next five years, a major health organization says more than two-thirds of currently uninsured U.S. children are eligible for SCHIP or Medicaid but are not enrolled in those public programs.

The reason for the children's lack of coverage, according to an article published in the November 2007 issue of the journal *Health Affairs,* is not just "poor take-up" (meaning that eligible children were never identified and informed of their eligibility), but also "poor retention" (children were once enrolled in Medicaid or SCHIP but lost coverage temporarily and were never re-enrolled).

A growing body of evidence suggests, researchers say, that dropout from the public programs often happens if families do not complete the eligibility renewal process--which may involve re-applying once or twice a year, depending on the state—causing their children to be "dis-enrolled," a loss of coverage that was in most cases entirely unintentional.

To try to determine whether such dropping of eligible children by state and district Medicaid and SCHIP agencies is a major reason that so many children lack public insurance, researchers looked at data on insurance, demographics, and family incomes from 2000 to 2006. Each child's eligibility for public insurance was based on family income and a state's rules for Medicaid or SCHIP eligibility.

The study found that poor retention in public programs plays a critical role in the ongoing presence of uninsured children in the United States. One-third of all uninsured children had lost Medicaid or SCHIP coverage in the previous year—two in five uninsured children had dropped out of Medicaid or SCHIP in the year. The number may actually be higher than that, the researchers speculated, but in any case, "The implication is clear. Policymakers do not need to find eligible children to get them enrolled. Rather, for many of these children, public insurance programs merely need to keep them enrolled."

Given the serious consequences when children lack health insurance—both chronically uninsured children and those with frequent lapses of coverage have lower rates of check-ups and

vaccinations, experience more illness-related restrictions on activities, and are more likely to forego needed care—dis-enrollment of children is a major public health problem that needs attention, the researchers concluded.

Unfortunately, they also said, the problem is getting worse, not better, as the result of several developments in recent years. For one thing, states facing budget difficulties have often made the renewal process more cumbersome or have increased SCHIP premiums, both of which may accelerate dropout. A new federal requirement of citizenship documentation for Medicaid renewal considerably complicates the process. And states that established separate SCHIP programs instead of adding to their existing Medicaid programs are now running two separate administrative structures, which complicates all procedures, including renewal.

Among ways to help solve the retention problem, they suggest simply making renewal of eligibility easier—for example, requiring renewal only once a year and providing renewal forms in multiple languages. Something called "passive renewal" has worked well for premium-paying SCHIP parents—families are required to submit paperwork only if their circumstances have changed in the past year. A similar approach for Medicaid is to send preprinted forms with the prior year's information, which parents can simply sign and return if their circumstances have not changed.

In any case, it's time to realize that poor retention in Medicaid and SCHIP is an important factor, the researchers say. "Dropout, not simply poor take-up, plays a large role in the presence of more than eight million American children without health insurance."

The article, "Why Millions of Children Eligible for Medicaid and SCHIP Are Uninsured: Poor Retention Versus Poor Take-Up," is published in the November issue of Health Affairs. Author Benjamin Sommers can be contacted at bsommers@post.harvard.edu.

WORTH NOTING

Meningitis Vaccine Approved for Children

The U.S. Food and Drug Administration (FDA) October 18 expanded the age range for Menactra, a bacterial meningitis vaccine, to include children 2 to 10 years of age. Previously, Menactra was approved only for ages 11 to 55 years. The vaccine, manufactured by Sanofi Pasteur Inc. of Swiftwater, PA, protects against four groups of Neisseria meningitides, the bacterium that can cause meningitis, an inflammation of the lining that surrounds the brain and spinal cord that can result in death or permanent injury to the brain and spinal system. Addition of the new age range for Menactra makes two vaccines—Menactra and Menoimmune, both manufactured by Sanofi Pasteur--available for children. The FDA cautions that adolescents who have a rare muscular condition known as Guillain-Barre syndrome should not receive the new vaccine. Menactra will be monitored as it comes into general usage through the recently inaugurated Vaccine Adverse Event Reporting System, an oversight system being operated jointly by the FDA and the Centers for Disease Control and Prevention (CDC).

Being Specific About Being Special

What, exactly, is a "chronic illness" in children? There are many, often conflicting, ways of defining the term, according to a report in the October 2007 issue of the *Archives of Pediatrics and Adolescent Medicine*, including medical diagnosis, the effects of the health condition on children, or the need for and use of services such as mental health and educational resources. The Maternal and Child Health Bureau has adopted the definition "children with special health care needs" or CSHCN. Using that definition, the 2004 National Survey of Children's Health identified children with special health care needs by asking knowledgeable adults if a child needs prescription medication; needs more medical or mental health care or educational services than is usual for his age; is limited in doing things normal for his age; needs physical, occupational, or speech therapy, or has emotional, developmental, or behavioral problems for which treatment or counseling is needed. Using those criteria, researchers estimate that from 13 percent to 18 percent of children can be considered to be chronically ill.

October News Alerts

The following information appeared during the month of October 2007 in the News Alerts section of the website of the Center for Health and Health Care in Schools, at www.healthinschools.org.

October 2, 2007
President Bush Vetoes SCHIP Bill

As he had promised to do, President George Bush today vetoed a bill that had been passed by the House and Senate to extend for five more years the state/federal State Children's Health Insurance Program (SCHIP). The bill would have added $35 billion more in federal matching funds to enable states to enroll additional children in the program, an amount Bush criticized as too large. The President also said the SCHIP enlargement would encroach on private insurance plans and would be an "opening wedge" to what he called "government-run" health care. The vote for the bill in the Senate was large enough to override a veto, but the House vote was not, and supporters said they will try in the coming two weeks to persuade more House Republicans to vote

for override, noting that the child insurance program has wide public support.

October 9, 2007
Medicaid Proposes to End Reimbursements to Schools

The federal Centers for Medicare and Medicaid Services (CMS) in a proposed rule issued September 7, 2007, said it plans to eliminate reimbursement for Medicaid administrative activities conducted by school employees or contractors and for the costs of transporting students with disabilities from home to school and back. The proposed rule notes that "a wide range of medical services are furnished to students in school settings," in particular to children who have Individualized Education Plans (IEPs) or Individualized Family Services Plans (IFSPs) under the Individuals with Disabilities Education Act (IDEA). Previous guidance documents have allowed schools "to perform activities that provide support for the Medicaid state plan," specifically including Medicaid outreach, eligibility intake, information and referral, coordination and monitoring of health services, and interagency coordination." The proposed rule would supersede the previous guidance and would represent a determination by the Secretary of Health and Human Services that such school-based administrative activities do not meet the requirements of existing legislation relating to "direct medical services" or support of the state Medicaid plan. The full text of the proposed regulation and opportunities to comment are available at *http://origin.www.gaoaccess.fov/fr/.*

October 11, 2007
More Generic Drugs to be Available

The U.S. Food and Drug Administration (FDA) announced this month that it is stepping up its procedures for reviewing generic drug applications, with the objective of making more generics available to consumers and health care providers. Generic drugs, which can come into the market after patent exclusivity expires on the brand-name drugs they replace, generally cost less, often much less, than the brand names. To receive FDA permission to market a generic drug, manufacturers must demonstrate that the generic has the same dosage form, strength, route of administration, and conditions of use as an approved brand-name product and must also show that the generic delivers the same amount of its active ingredient in the same amount of time as the brand-name counterpart. Noting that there are increasing numbers of applications for generics approval, the FDA said it will hire and train new generic drug reviewers and will develop electronic programs for handling applications. The FDA approved a record 682 generic drug products in fiscal year 2007.

October 18, 2007
Drug-Resistant Staph Infections Reported in Schools

A strain of staph aureus (MRSA) that is resistant to the drug methicillin has been reported in a number of high schools in the states of Maryland and Virginia, with health authorities speculating that the infections—responsible for the death of one student so far—may result in part from contamination of equipment in locker rooms used by sports teams. Many schools in the affected areas have instituted school-wide cleanings and are informing parents of possible dangers. In a statement October 16, the federal Centers for Disease Control and Prevention (CDC) said methicillin-resistant staph aureua caused more than 94.000 life-threatening infections and nearly 10,000 deaths in the United States in 2005, 85 percent of them associated with health care settings such as hospitals but 15 percent occurring in people without documented health care risk factors. Information about MRSA is available online at *www.cdc.gov/ncidod/diseases/submenus/sub_mrsa.htm.*

October 19, 2007
House Sustains President's Veto of SCHIP

The U.S. House of Representatives failed October 18 to override a veto by President Bush of a renewal of the State Children's Health Insurance Program (SCHIP). The 273 to 156 vote total was 13 votes short of the two-thirds majority needed to override a veto. In Thursday's vote, 229 Democrats and 44 Republicans supported the effort to override the President's veto, while two Democrats and 154 Republicans voted to sustain it. Advocates for SCHIP immediately announced plans to push for a new bill that would expand the numbers of children eligible for SCHIP by increasing funding for the program over the next five years, but it was considered unlikely that the President would agree to such an expansion, which he has categorized as "an opening wedge to socialized medicine." Meanwhile, SCHIP is slated to continue at its present levels under a continuing resolution adopted by Congress in September that funds programs not yet reauthorized at existing funding and rules until new bills are passed.

October 19, 2007
Pfizer Stops Selling Inhaled Insulin

Less than two years after it was approved as an alternative to injectable insulin for diabetes patients, the inhaled drug Exubera is being withdrawn by its manufacturer, Pfizer, because the drug failed to win acceptance by patients and doctors. The Exubera inhaler, a large canister that many people found inconvenient to carry and use, and questions about whether patients received more or less insulin than they expected because of daily variations in lung capacity, were factors in the decision to withdraw the drug, Pfizer said. Sales of Exubera, which had been expected to be a blockbuster drug, were less than one percent of the insulin market, making it "one of the most expensive failures in the history of the pharmaceutical industry," according to the New York Times. The company said it is working with doctors to move all patients off Exubera within three months.

October 26, 2007
House Passes Revised SCHIP

The U.S. House of Representatives last week passed a revised version of a bill to reauthorize the State Children's Health Insurance Program (SCHIP), but changes made in the legislation after President Bush vetoed an earlier bill were not believed to be enough to overcome an expected second veto. The new bill, H.R. 3963, limits eligibility for SCHIP to children from families making no more than 300 percent of the federal poverty level, or approximately $62,000 for a family of four. It also bars illegal alien children from benefits, and would not allow states to cover childless adults. Those were among the changes asked for by Bush, but the bill still includes two of the President's major objections—a $35 billion increase in funding for SCHIP over the next five years, and an increase in the federal tax on tobacco products—and those differences are expected to spark a veto once the bill comes to the President's desk. The vote in the House was 265 to 142, short of the two-thirds needed to overcome a veto. If the President does veto the new measure, congressional leaders say they may extend the existing SCHIP program through next spring, with further action on renewal possible just before the November elections, when the issue of child health is expected to resonate with voters.

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2121 K Street, NW, Suite 250
Washington, DC 20037
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