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Healthcare and Title I Schools

Steven Yau

Whether it is a small cough or a slight sneeze, child illness in the classroom has serious consequences that damage the overall performance of the school. The ability for a child to concentrate on doing school work or listening attentively to a teacher's lecture is severely hampered when suffering from a runny nose or an achy cough.

Should the child's condition worsen and deteriorate requiring at home rest, then the child suffers from completely missing lesson material. In addition, should the child's illness be contagious, the risk of infection spreading to the other children in the class would allow for the consequences to multiply thus aggregately affecting the class and ultimately the school's performance.

With the heavy emphasis placed on reading and math skills by the No Child Left Behind Act, the indirect factors such as classroom illness that can hurt class performance could be overlooked. Considering that the healthcare available to children from low-income households in Title I schools is likely meager or nonexistent, those children could be at a significant disadvantage to children from higher income families with better treatment options both at home and via physician.

Granted that Title I schools only have so much control over child healthcare that run beyond the scope of a public educational institution, the effects of poor child health upon Title I schools compared to non-Title I schools should be examined as the correlation between child school attendance and cognitive performance has been well established¹. The importance and the necessity of improving on-site healthcare can be exemplified by one such Title I school, known as Inskip Elementary School.

¹ Joy Rosso, "School Feeding Programs: Improving effectiveness and increasing the benefit to education," The Partnership for Childhood Development, 1999, pg. 5.

Inskip Elementary, located in North Knoxville, is defined as a “Full Service Community School,” meaning that it should be designed not only as a center for teaching, but also as a center that attempts to accommodate the needs of its community. In terms of adequate, available medical care Inskip has failed to uphold its obligation. The majority of the students that attend Inskip come from low-income households (around 90% of the students qualify for free or reduced lunches). A parent who is constantly required to get off work to pick up his/her child not only loses pay as a result, but also has an increased of losing his/her job because the employer wants to find someone who is more reliable at work. For example, one day when I was volunteering at the Inskip clinic, a student came into the clinic accompanied by his teacher who told us that he had thrown up. Since the only available healthcare at Inskip is student volunteers, protocol required that I call the student’s parents. When I was finally able to get in contact with his mother at work and explained that he would have to be picked up she requested to speak with her son. As soon as her son picked up the phone she began to interrogate him as to whether or not he had actually vomited, making it clear that she did not want to take time off work. Afterwards the child hung up the phone and said his grandmother was on his way to pick him up. Someone who doesn’t comprehend the plight of a single mother would say that the mother was simply lazy and uncaring, but it is more likely that she understood the severity of the situation and knew how detrimental losing her job could be to both her and her child.

Based on system's theory, innate student capabilities do not encompass the whole story behind grades and test scores. Dr. Kronick states it very well when he says,

"Student aptitude may be affected by a whole host of variables such as general health and overall well-being, including mental health. It is very difficult for children to learn if they suffer from mental or physical illness [...], or their homes are chaotic, or their parents or caretakers never read to them."² Dr. Kronick's article, *Probation and Head Lice: The Intersection of Corrections and Education*, is an excellent example of how something that would seem to play such a miniscule role in education can actually be a domineering factor. In the article, Dr. Kronick describes the case of a single mother, "Star Delaney" and her two children. Both of the children were affected by head lice due to the unsanitary conditions in their home. While it seems like a very small issue that has nothing to do with getting an education, it is very much correlated. Head lice infection is a condition that forces the students to be sent back home because of the risk of infection to other students or faculty. Without treatment, the students will return to school shortly after only to be sent home once again. Until treatment, days upon days will be lost towards the student's education and when if they do return they will likely be weeks behind on work. Through a meeting between the girl's principal, assistant principal, school nurse, teachers, and Star's probation officer, that was meant to remove the head lice infestation from the two girl's lives, the family was kept together, the children were able to return to class, and they were kept out of state custody³.

With the introduction of No Child Left Behind, the importance of keeping children physically and mentally healthy, especially in a Title I school can not be stressed enough. While NCLB has good intentions of raising opportunities for low-income

² Robert Kronick, *Full Service Community Schools* (Spring Field: Charles C. Thomas, 2005), p. 27.

³ Robert Kronick, "Probation and Head Lice: The Intersection of Corrections and Education," *The Educational Forum*, 70 (2006), p. 104-115.

students and creating a system of accountability, its provisions and the way in which the act has been carried out have had the reverse effect in some instances. In the case of Title I schools, the state defines a set of academic standards that its students must meet, mainly by demonstrating proficiency through standardized tests. Should the school not meet these requirements after two years it is given escalated assistance which it must use to offer the parents of its students a means to rezone to another school and also to come up with a new curriculum or a revision to its current one. If after another year the school is unable to reach state requirements of proficiency it then must offer additional educational services such as tutoring and after school programs relevant to increasing test scores. If after that year the school continues to miss the state's mark it must remove staff deemed unfit to teach, implement further changes to the curriculum and extend the length of the school day or year. One of the major problems with NCLB is the lack of promised funding. In 2006, President Bush requested only \$13.3 billion of \$22.75 billion for the program⁴. What this means is that schools subject to NCLB are subject to its series of punishments for not reaching the requirement, but not to the full proposed aid escalation necessary to remedy its lack of progress. The system of incentives and punishments has also lead to a manipulation of test results such as by the exclusion of certain minority groups or other low-performing students from school. It has also lead to pulling time from other important curriculum such as physical education, art, and social science in order to focus on reading, writing, and math for the sole purpose of performing better on the test.

⁴ "No Child Left Behind Act," [Wikipedia](http://en.wikipedia.org/wiki/No_Child_Left_Behind#Background_of_name), February 2007, <http://en.wikipedia.org/wiki/No_Child_Left_Behind#Background_of_name>.

The exclusion of such activities, for example physical education, could be one of the main reasons that have lead to childhood obesity in a study conducted by the American Heart Association and the National Association for Sport and Physical Education⁵. Ironically, several studies have suggested that daily exercise may actually increase cognitive learning, working memory, and problem solving, and has been correlated with increased test scores. Dr. Stern of Johnson City himself noticed an increase in test scores at a local school as physical education was reincorporated. While correlation's can never be evidence, the findings are strong enough that they should not be ignored.

One way of improving the available healthcare at Inskip would be to work on improving the qualifications of the student volunteers and their ability to work there. The majority of the volunteers at Inskip are part of a student organization at the University of Tennessee known as "Clinic Vols." As a former member, I completely agree with the intent of the organization but not with the way it is carried out. Prior to volunteering, Clinic Vols does require that all its members attend one 3-hour Red Cross training session and pass a subsequent test. While I did learn a great deal while taking the training seminar, I had forgotten a majority of what I had learned within a month, or at least enough to know that should a situation arise where I would have to quickly incorporate the training I would be unable to do so without thinking what to do next or performing some step in a procedure incorrectly. A simple solution would be to require that training be required throughout the volunteer's time in service. Regardless, unless some step is

⁵ Helyn Trickey, "No Child Left Out of the Dodgeball Game," [CNN](http://www.cnn.com/2006/HEALTH/08/20/PE.NCLB/index.html), August 24, 2006, <<http://www.cnn.com/2006/HEALTH/08/20/PE.NCLB/index.html>>.

taken to better qualify the student volunteers, they will forever be restricted to providing only baking soda, bandages, soap, and water for medical care.

Such a restriction not only hinders the treatment of the students at Inskip, but also can be frustrating to the volunteers that work there. There was an instance in which a teacher came into the clinic complaining about a splinter she received while teaching in the classroom. While a splinter is generally easily removable with a pair of tweezers and rubbing alcohol, neither I nor the other volunteer were able to help both due to a lack of jurisdiction as well as a lack of available equipment such as alcohol, working thermometers, hydrogen peroxide, etc. One of the main reasons that I, along with the other volunteer I worked with stopped volunteering at Inskip was because of the feeling of inadequacy; often times we felt as if we were simply the middle man between the student and the parent.

While the balance between liability and jurisdiction for student volunteers should be reweighed, a more effective solution would be to employ a full-time registered nurse at Inskip. I have seen multiple cases that were beyond my scope to deal with due both to a lack of knowledge and knowing that there was no way a student volunteer would be allowed to examine certain areas of an Inskip student. In one instance, a child walked in and complained that she had a painful bump on the back of her upper leg. Knowing that we could not tell her to remove her pants so that we could examine the affected area the only treatment we offered her was laying down on one of the clinic beds with an icepack; thirty minutes later she decided to head back to class. Chances are that it was a minor injury that she sustained while playing outside or perhaps an insect bite, but it could also

just have easily been the result of a contagious infection such as ringworm which is quite common or perhaps even physical domestic abuse. While working at the Sam E. Hill preschool clinic, a nurse mentioned other, more severe cases that only a nurse or physician would be qualified to handle such as administering insulin or dealing with violent seizures. In one case, a Hispanic student would commonly have anxiety attacks in which she held her breath until she passed out. In several cases the nurse had to use a defibrillator in order to revive her. If any such occurrence were to happen at Inskip the result could be a consequence that would otherwise have been easily avoided had the proper medical personnel been on-site. The only time a nurse is present at the school is once a week for a few hours. The rest of the week the school must rely on a rotation of on-call nurses who could take up to 10-15 minutes to arrive.

Considering the socioeconomic population, in which many of the students have limited or no healthcare, that attend Title I schools such as Inskip, a Registered Nurse practitioner would make a world of difference, however further steps could be taken. Nurse Armstrong, in describing her experiences as a school nurse, stated that many students, and sometimes even parents, come into the school clinic expecting her to fulfill the role that a primary care physician should. Therefore, an ideal situation would be to have an on-site physician on the school grounds. K-12 Schools have been described as the hospitals of the 21st century, in that physicians must work on a personal level with the students in order to understand their problems. The focus is no longer simply on physical ailments or diseases as there are a growing number of problems associated with mental illness. While people of all socioeconomic backgrounds are subject to psychological

problems, the problem is exacerbated in low income households where the home environment for an elementary school student may be less than ideal. In cases of mental illness, it is imperative that it be diagnosed as soon as possible. An on-site physician would make this possible, especially for students whose parents are otherwise reluctant to bring their children to the hospital for whatever reason. Not only would a physician on the school campus greatly benefit the quality of healthcare the students receive, but it would also decrease the overall cost of healthcare to both the patients and the hospital. First, it would promote prevention and early detection of diseases. Second, many low income families do not have health insurance and do not have a primary care physician. Therefore, instead of scheduling an appointment with a family doctor, many of them turn to the emergency room, almost without a doubt the most expensive wing of a hospital to maintain, for any minor ailment that they may have.

Dr. Pat Stern is a pediatrician who has setup such a school clinic at an elementary school in Johnson City for over five years now and from his experience has recommended that this is something that should be done on all school campuses. Among one of Dr. Stern's chief concerns is the difficulty of integrating care for a population of students in which 1/6 of them are special needs students. Therefore, he proposes the use of a medical team that consists of a physician, registered nurse, psychologist, social worker, and speech/language pathologist. Due to the complexity of many issues that can arise for children of that age group and especially of children of low income households, it is necessary for such a team of differing specialties to collaborate and work together in order to provide the best healthcare.

As stated before, psychosocial problems are becoming an increasing problem for children of the elementary school age group and although children of all socioeconomic backgrounds may be subject to psychological problems, the problem is often exacerbated in lower income families where the household environment may be marked by abuse or neglect. Therefore, a psychologist would be a very valuable asset as he/she may be better trained than a physician in dealing with children of that age and understanding what's truly wrong with them. A social worker would be invaluable in that, while a physician may be able to give a diagnosis to a child, it may not be followed up on. There are incidents where a parent may neglect to follow up on their child's diagnosis or may even resort to selling them as narcotics. Finally, many Title I Schools have a student body that is made up of approximately 90% or more minority students. In a nation with a population of over 300,000,000 in which 40,000,000+ and growing at an extremely rapid rate (from 2000 to 2005, the Hispanic population grew from approximately 35,000,000 to over 42,500,000⁶ are now Hispanic), a language barrier will obviously be an issue and thus a speech/language pathologist will be a must.

While establishing a physician's clinic would make a world of difference for the students of the school, there are many complications to think about in its establishment. Dr. James Neutens, interim Dean of the UT Graduate School of Medicine in Knoxville, discussed the possibility of setting up a clinic similar to the program in Johnson City, but due to several difficulties was unable to setup anything concrete. Among the primary concerns was cost. Having a physician take time out of his normal schedule to work at

⁶ "Hispanic Populations of the United States," U.S. Census Bureau, <<http://www.census.gov/population/www/socdemo/hispanic.html>>.

the school clinic would not only compromise the amount of money he normally makes, especially considering that he may have to charge many of the students a reduced price, but overhead prices must also be considered. A hospital must employ a certain number of faculty, nurses, rent or buy equipment, etc., all of which would be costs the hospital would have to eat if the physician were absent. Therefore, a physician would have to setup his own full-time clinic in order to avoid wasting money on overhead or collaboration would be necessary among a large pool of physicians who would not mind taking 3-4 days of their time during the school year to work on the school campus in order to minimize the cost to both the physicians and the hospital.

Dr. Neutens also considered the possibility of using medical school interns or residents. However, due to the training requirements that are necessary for medical residents (80 hour work weeks) it turned out that they could not afford to spend time away from the hospital. The same principle of liability that affects student volunteers must also be considered in that many residents could not afford to handle a lawsuit. He also considered the cost of setting up a system of shuttling students from school to the hospital, but in the end believed that no hospital director would allow for such a plan considering the price to the hospital from the reduced price in the usage of both the faculty's time as well as the equipment.

One can easily see that the main obstacle is the cost of establishing an on campus clinic. While the basis of a hospital is to help and cure the sick, by the end of the day it is still a business. With its enormous cost of maintenance, hospitals must operate on a very thin margin. Consider the example of a man who was admitted into the UT Medical

Center several years ago. He came into the hospital expecting to be diagnosed with something minor such as a cold or flu, but in the end was diagnosed with a much more severe condition which ended up costing a total of over \$800,000 to treat. However, the man's insurance was only willing to pay for the cost of an office visit and the treatment of a cold or flu; the hospital never received the rest of the payment and thus was forced to eat the rest of the cost. There is TennCare insurance for those that qualify but it has its limitations and is vulnerable to abuse, such as discouraging employers from providing employees healthcare since it is in their best interest to have the state provide it instead. There is also the issue, as Dr. Kronick describes it, as the "unneeding needy" with TennCare. Even though many families may need TennCare, not all of them may qualify, similar to the way that welfare works. For example, the cut off for TennCare qualification may be around \$20,000 a year or less, so if a family makes around \$21,000-22,000, they may in fact be better off making around \$18,000-19,000.

Thus, in order to realistically be capable of providing on campus healthcare throughout the nation, there is a need to restructure the healthcare system in America. There is also a need to change the structure of medical education. Currently, the idealism that many medical students exhibit upon entering medical school is often slowly drained through the various "abuses" they suffer throughout their medical training. Dr. Neutens suggests that medical students be encouraged to give back and help out in the community in hopes that doing so would revive the idealism that many of them began with. There are often times when doing so may backfire. For example, Dr. Neutens described a case in which a UT Medical Center resident decided he would take some time off to work in the

neediest areas in New Orleans post Katrina. No later than a week after, he came back and said that the only “help” the victims wanted were narcotics. So there are times in which attempts to help out the community may further serve to promote cynicism, therefore it is important to continue promoting such work. In another situation, a resident decided to take some time off to work an impoverished area in Guatemala. Although he was paid next to nothing, he described the experience as one of the greatest things he has ever done in his life and would gladly do it again.

There is clearly work that needs to be done. As the structure of healthcare in America stands today, the proposition of employing a doctor to a Title I school seems like a fantasy. For doctors who are already established there is overhead to consider and the risk of losing money. Therefore, unless one doctor worked and established his clinic directly on the school campus, there would have to be a collaborative effort among doctors in order to minimize potential cost for all of them. The potential cost to the hospitals from which these physicians come from must also be considered. Already working on a very thin margin, hospitals can not take more hits in overhead cost as a result or additional lawsuits that may surface as a result of such a program. But yet, such an on-campus clinic does exist and has for over five years. Dr. Stern has setup his clinic on the campus of a Title I School where he sees over 7,000 student patients a year. In doing so he has eliminated extra overhead cost and even manages to charge his patients the same amount that he would any normal patient. This is possible mainly because of TennCare, health insurance that is available to Tennessee residents that qualify. However, Dr. Neutens is certainly correct in that there should be a restructuring of the American

healthcare system. TennCare as it stands now is subject to abuses such as employers who pass the costs of health insurance for their employees off to the state government, ultimately putting the cost on the taxpayers. TennCare also spends approximately \$2.55 billion a year on pharmaceutical costs⁷, in which the sad truth is that some will use these pharmaceuticals to sell as narcotics instead of medication. This tightening of the budget also restricts the requirements to qualify for TennCare and thus many that need health insurance are left out because they barely make more money than the cutoff for that year.

A physician, or even a medical team as Dr. Stern describes it, would be an ideal situation. As Inskip stands now, a nurse would also make a world of difference and if employing a physician is seemingly impossible, resources should definitely be put into hiring a registered nurse. However, as it stands now and the reality of the situation is that the school only has members of Clinic Vols as its primary source of healthcare. At the time I was a member of the organization, Michael Catalan was the director and I believed he did an excellent job of setting up the organization, recruiting over 150+ people each semester, and evenly deploying them to five different schools across Knoxville. The only healthcare available to all five of these schools is the student volunteers and therefore I completely agree with what they are trying to accomplish, just not the way that it is accomplished. As stated before, the only formal training any volunteer has is a one-time, three hour crash course in Red Cross Training. The simplest way to remedy this situation would be to continually expose the volunteers to training sessions, even once a month would help greatly. This way, at least in an unlikely event that a student volunteer would

⁷ "TennCare, A New Direction in Healthcare," Bureau of TennCare,
<http://www.state.tn.us/tenncare/news/Stats/TennCare_Facts_071905.pdf>.

have to perform CPR for example, it would be done correctly and he/she would not forget a minor detail such as tilting the head backward, the difference of which would be life or death. But even if a volunteer were completely qualified in first aid, as it stands now he/she would still be limited to “soap, bandages, and water.” This of course goes back to liability and while I am certainly aware of the gravity of a situation if something were to go wrong with a student as a direct result of a volunteer, there could be a better compromise as far as what the volunteers should be allowed to do.

Dr. Neutens believes that there should be restructuring in terms of medical education, in terms of incorporating ways in which medical students can give back to the community to remember why they decided on the profession in the first place or perhaps to even inspire them and I believe that Clinic Vols stands at the forefront of allowing potential future medical students to get an early jump start on this concept. With the current structure of Clinic Vols, students sign up for a certain amount of hours each week and will have to show up during those times each week to the school they have designated, and for the most part that sums up what the average member of Clinic Vols does every semester. I can say first hand that sometimes the clinic work can be mundane and boring and often times after having spent time and money in getting to the school there are times that no one shows up to the clinic for the entire duration. While this of course is a good thing since it means that no child felt ill during that time, Clinic Vols should be about not only helping out low income elementary schools, but also helping out the student volunteers by serving as a means to getting them excited about a medical profession, learning the importance of collaboration, and gaining a desire to help out

those that need it the most. In order to do so, I believe that Clinic Vols should setup events (physicals, diabetes screenings, etc.) on top of their already established volunteering, in which the student volunteers can work together and perhaps even more importantly with registered medical professionals aimed towards promoting healthcare not only for the children, but also for adults of low income backgrounds. In doing so, Clinic Vols can be much more than something for the average pre-med student to put on his/her resume, it can be a pioneer in changing the direction of medical education in America today.