



INSTITUTE FOR YOUTH,  
EDUCATION, AND FAMILIES



# Advancing Education and Health through the Community Schools Strategy

**NLC MAYORS' INSTITUTE**

*Part of the Culture of Health NLC Mayors' Institute Series*



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EDUCATION, AND FAMILIES

## **About the National League of Cities**

The National League of Cities (NLC) is the nation's leading advocacy organization devoted to strengthening and promoting cities as centers of opportunity, leadership and governance. Through its membership and partnerships with state municipal leagues, NLC serves as a resource and advocate for more than 19,000 cities and towns and more than 218 million Americans.

Through a series of Mayors' Institutes on Children and Families, NLC is working to help cities share best practices and lessons learned on city-led efforts to ensure kids are healthy, ready to learn and thrive.

## **About the Authors**

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# Impetus for Action

**D**isparities in life expectancy exist in every region and community, often visible in neighboring zip codes and sometimes within the span of a mile or even a handful of city blocks. These disparities reflect unequal access to resources and services – such as high-quality education and healthcare services – that can promote physical and mental health. To address these disparities, growing numbers of communities are directing attention to the importance of forging school and community partnerships with the goal of improving educational outcomes. Partnerships with health organizations are of primary interest, given that poor academic outcomes are often rooted in health issues. These partnerships are mutually beneficial, as efforts by health organizations to address the social determinants of health (e.g. the factors that influence how well we live and how long we live such as housing, education, access to economic opportunity, etc.) often require collaboration with school districts and educators.

There are numerous ways in which mayors and city leaders can shape health and

education policies and priorities to support these important relationships. Increasingly, municipal leaders have recognized that achieving health equity and educational equity are not distinct challenges.

Acknowledging that when kids are healthy – both physically and mentally – they are better prepared to learn and have greater educational achievement, leaders in many communities are supporting schools’ partnerships with local healthcare and public health organizations.

However, the notion of engaging community-based health partners has not yet become an integral part of educational reforms in many communities, and schools often struggle with how they can make such partnerships a reality. Mayors and other city leaders can help children and families overcome barriers to good health and educational achievement by fostering collaborations between school districts, health systems, public health departments and other community partners.



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**Disparities in life  
expectancy exist in  
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# Intersection Between Education and Health

**M**any children arrive at school needing access to preventive health care services, support for their physical and emotional development, prompt care for acute illnesses, and assistance with managing chronic conditions. Of the approximately 49 million children who attend public school,<sup>1</sup> 47 percent live in families at or below the federal poverty level.<sup>2,3</sup> Many of these children have inadequate health insurance,<sup>4</sup> live in medically underserved communities, and have limited access to health care practitioners who can address their basic health needs and help to manage their chronic health conditions.<sup>5,6,7</sup> Additionally, children living in poverty are more likely to live in neighborhoods that lack access to health promoting resources such as safe places to play, nature-rich environments, healthy food outlets, and safe, affordable housing. For these children, schools become a vital point of entry to receiving needed health care services and supports. For this reason, healthcare entities and public health organizations often seek out schools as a key partner in delivering care to their patients and addressing the social determinants of health.<sup>8,9</sup> Prevention-oriented healthcare provided in school settings reduces the utilization of urgent care and can provide a substantial return on investment for the health sector.<sup>10</sup>

Schools and educators also have much to gain from fostering good health for their students:

**1** Chronic school absenteeism (defined as missing 15 school days or more

in a school year<sup>11</sup>) limits educational success. Over six million students, or about 1 in 7, were chronically absent during the 2013-2014 school year.<sup>12</sup> Children who are chronically absent from school due to chronic health problems miss essential learning time and quickly fall behind their peers. Many health issues contribute to chronic absenteeism including asthma, oral health, mental health challenges and acute illness.<sup>13</sup> Schools and educators are in a unique position to identify students with chronic absenteeism and to mobilize support and resources for at-risk students.

**2** Children without access to healthy food or adequate and stable housing can also face daunting challenges in their attempts to succeed at school such as difficulty concentrating or retaining information.<sup>14,15</sup> About 16 percent of households with children reported being food insecure in 2015.<sup>16</sup> Research shows that food insecurity impacts academic performance and development of social skills.<sup>17,18</sup> Further, over 1.3 million students were homeless during the 2013-2014 school year.<sup>19</sup> Students in shelters have significantly lower rates of school attendance than students with some type of housing.<sup>20</sup> Schools have a tremendous opportunity to address hunger and homelessness as students



spend a significant portion of their day in school. Schools can offer a safe and consistent space to assist students with these challenges and can act as a hub to connect students to critical resources for addressing hunger and housing.

### 3

Children exposed to abuse, neglect, violence and/or other traumatic events face challenges to health and wellness and engagement in school. A large body of research demonstrates that adverse experiences such as

trauma and abuse have long-lasting implications for child development including delays in neurological and psychosocial development and poor academic performance.<sup>21,22,23,24,25</sup>

Support staff like social workers and counselors play a critical role in recognizing and supporting children who have faced traumatic events. Addressing these issues and meeting broader social and emotional needs, including mental health services, can support a child's success at school.<sup>26</sup>

## City-Level Opportunities to Improve Education and Health Outcomes

A variety of opportunities exist for city leaders to improve education and health outcomes. Community schools and school-based health centers are examples of two models that have proven successful in helping children reach their full health potential and thrive in school:

### COMMUNITY SCHOOLS

A community school is defined by the U.S. Department of Education (ED) as a public elementary or secondary school that “works with its local educational agency and community-based organizations, nonprofit organizations, and other public or private entities to provide a coordinated and integrated set of comprehensive academic, social, and health services that respond to

the needs of its students, students’ family members, and community members.”<sup>27</sup> According to the ED, which funds community schools through the Full Service Community School (FSCS) program, eligible applicants include consortia consisting of a local educational agency and one or more community-based organizations.<sup>28</sup>

Using public schools as hubs, community schools offer a range of supports and opportunities to students, families and communities that range from financial literacy to health and dental services, to hands-on opportunities to explore career options in school and afterschool. Many community schools have services available 24/7, including early mornings, late





afternoons, nights, weekends, and summer. Community schools are as diverse as the communities they serve. For example, an elementary school in one community may have a strong focus on early childhood education, while a high school in another community may invest in health services.

Community schools are particularly helpful in fostering connections between health and education. Community schools' comprehensive, whole-child approach to education focuses on physical, mental and emotional health needs of students by utilizing partnerships with a range of community resources. Evaluations of community schools demonstrate academic gains in reading and math test scores, increased attendance, and reduced suspensions.<sup>29</sup> In addition, community schools have been shown to decrease high-risk behaviors, such as substance abuse and teen pregnancy, and increase parent involvement and overall access to community resources.<sup>30</sup> Further, research shows community schools may help prevent emergency room visits and improve timely access to health services.<sup>31</sup>

Building community schools is a sound investment for cities. Funding for community schools is primarily needed for human capital, such as a community school coordinator, to implement the strategy and foster partnerships, or for scaling up the strategy across multiple school sites.<sup>32,33</sup> Recent studies demonstrate how the community school strategy can lead to a large return-on-investment (ROI).<sup>34</sup> While studies differ

regarding estimates of ROI, research finds that community schools are cost-effective. Recent evaluations estimate a ROI ranging from four to eleven dollars for every one dollar invested.<sup>35,36, 37</sup> One study estimates a ROI of about ten dollars for an elementary school and about fourteen dollars for a middle school.<sup>38</sup>

## SCHOOL NURSES / SCHOOL-BASED HEALTH CENTERS

While community schools are important for bringing external resources to schools, mayors and city leaders should be aware of the internal resources schools in their community have – or may need – to address health issues for students.

**School Nurses:** Registered professional school nurses are on the frontline of addressing medical emergencies and providing episodic care, preventive services, and chronic disease management for students, especially those enrolled in Medicaid.<sup>39,40</sup> With a growing number of chronic illnesses to manage, such as asthma, diabetes, and food allergies, school nurses do much more than treat scraped knees or upset stomachs. Between 13 and 18 percent of children and adolescents have some sort of chronic health condition.<sup>41,42</sup> School nurses help these children manage their health and stay engaged in school by providing direct care, screenings and referrals, and by acting as a liaison between school personnel, family, healthcare providers and the community.<sup>43</sup> School nurses promote health and a healthy environment, which can lead to increased physical activity<sup>44</sup> and decreased body mass index (BMI).<sup>45</sup> One study compared schools with a part-time nurse to schools with a full-time nurse and found that the presence of a full-time nurse

improved chronic disease management, decreased absenteeism and led to fewer ER visits.<sup>46</sup>

Despite their importance as a healthcare safety net for children, there is a shortage of funded school nurse positions: over 58 percent of US public schools do not have a full-time registered nurse on staff, and over 25 percent of public schools have no access to regular nursing services, even part-time.<sup>47</sup> Most school districts fall considerably short of the recommended nurse-to-student ratio of 1:750;<sup>48</sup> in some communities, one nurse may care for over 4,000 students.<sup>49</sup> In a time of increased strain on school budgets, many districts are reducing costs by cutting nurses' salaries and hours, asking nurses to cover more than one school, or employing unlicensed health care aides.<sup>50,51,52,53,54</sup>


**School-Based Health Centers:** To help increase children's access to primary health care, states and communities have established school-based health centers (SBHCs). There are nearly 2,000 SBHCs located across 46 states and the District of Columbia, serving an estimated 2 million children and young people.<sup>55</sup> SBHCs are primary care clinics located in school buildings or on school grounds. These clinics often are operated as a partnership between the school and a community health organization, such as a community health center, hospital, or local health department.<sup>56</sup> Although there may be some overlap between the health issues addressed by the school nurse and the SBHC, SBHCs function more like outpatient primary care centers, providing nonemergency services such as physical exams, dental services, mental health counseling, and medication prescription and dispensing.<sup>57,58</sup>

Research shows that SBHCs improve student health outcomes on a diverse range of issues,

including improved immunization rates; better management of chronic conditions; increased access to reproductive healthcare and reduced teen pregnancy; and lower barriers to accessing mental health services.<sup>59,60,61,62,63,64</sup> SBHCs are also an important mechanism to manage physical and mental health barriers that reduce academic success: SBHCs improve academic performance,<sup>65,66</sup> increase attendance,<sup>67</sup> and reduce dropout rates.<sup>68</sup>

While SBHCs have been shown to improve student health, they often face challenges with sustainability. Experts identify three key components for ensuring sustainability of SBHCs: strong partnerships, a sound business model and high quality practice.<sup>69</sup> Many SBHCs have found relying only on grant funding to be unsustainable and are seeking a diverse pool of funds instead. Experts recommend securing sustainable revenue by maximizing patient revenue through proper billing infrastructure and accurate collection of insurance reimbursement.<sup>70</sup>

School nurses and SBHC personnel are at the center of any community school initiative, as they are the entities engaging with student health, interfacing with educators and referring students to community resources. City leaders can strengthen their community schools strategies by examining the status of school nursing and/or SBHC needs within their cities and seeking greater investments in these areas when appropriate.



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The community school  
model allows the school, city  
government, and community  
partners the ability to bring  
forward the resources of  
greatest need and desire to  
those who need it most.

//MAYOR GARRET NANCOLAS, CALDWELL, ID



## City Spotlights: Innovative Health & Education Efforts

**A**s health care professionals and policymakers rethink the healthcare system to include the factors that influence health, city leaders are rethinking how city/county policies and programs can support health and education. Below are several examples that illustrate local leadership in health and education collaboration and innovation, with an emphasis on community schools strategies.

### COMMUNITY SCHOOLS STRATEGIES

#### *Mayor-Led Initiatives*

The **New York City Community Schools Initiative**, a key component of Mayor Bill de Blasio's effort to restructure the city's school system, aims to transform 100 schools into community schools by 2017.<sup>71</sup> To date, the Mayor's administration is on track to surpass this goal with 128 community schools currently under development.

The initiative's core programs and services include: expanded learning time, early childhood education, health services including mental health, parent and family engagement, guidance and social services, and adult and family services. The strategy outlines several elements needed to provide these services including a dedicated community school director, defined community partnerships, intentional coordination of services, and ongoing needs assessment and data collection and analysis. Beyond these core elements, the city intentionally encourages diversity and variation in each community school. For example, the model would allow

a middle school in East Harlem to invest in summer programs, while an elementary school in the West Village might partner with city agencies to support children who are homeless or in foster care.

The city uses braided funding of private and public dollars at both the system and school level to leverage all available resources from various funding pools. The initiative plans to enhance the dozens of already existing community schools and implement the strategy at new schools. The core outcomes of the initiative will include both student-level results such as increased attendance and student engagement and school-level outcomes such as more streamlined service delivery through increased collaboration between schools and community partners.

The **City of San Pablo, California** has been utilizing a community schools strategy for more than six years.<sup>72</sup> In 2011, the City Council passed a resolution to become a Full Service Community Schools (FSCS) City. With the adoption of this resolution, the City of San Pablo set a goal to transform all schools in the city to community schools. The city defines the FSCS strategy as "the school district, city, county, community and faith-based organizations, businesses, families and philanthropists forming a strong, deep and transparent partnership to jointly address the identified needs of students, families and community in a comprehensive, integrated and accountable way."<sup>73</sup>

In partnership with West Contra Costa Unified School District, San Pablo's FSCS Initiative



**OAKLAND, CA**

has identified five key strategic areas to fulfill its mission. These five areas include: coordination of community schools; family engagement; out-of-school time; violence prevention and intervention; and youth leadership and development. With these five key strategic areas in mind, the City of San Pablo, in partnership with the school district, is providing valuable support to students in an inclusive community.

### *County Health Department Led-Initiative*

The **Oakland Unified School District (OUSD)** works collaboratively with the Alameda County Health Care Services Authority to leverage community resources to tackle the dual challenges of health and education equity.<sup>74</sup> The OUSD is in its eighth year of working to become a full-service community school, aided by the partnerships and resources from the Center for Healthy Schools and Communities. The leadership council includes: The Center, school district leaders, the City of Oakland,

Alameda County Social Service Agency, and local community-based organizations.

Alameda County Health Care Services Authority's Center for Healthy Schools and Communities helps to build school-based, school-linked health and wellness programs. These services go beyond placing health services in school settings, working to "reconfigure resources so that students have easy access to the supports and services they need to succeed in school and in life." The Center works with school districts and county agencies to identify and integrate resources to maximize their impact on the well-being of youth and families.<sup>75</sup> The Center currently partners with the county's 18 school districts.<sup>76</sup>

The effort is funded collaboratively by OUSD, Medicaid/CHIP, county and philanthropic funds. Other elements of this model that have allowed it to be successful include a dedicated site manager working with school staff and community partners and effective data-sharing agreements.

### *Leveraging Anchor Institutions*

The **City of Orlando, Florida** implemented a unique community schools approach that engages a local university, University of Central Florida (UCF). UCF is spearheading the community schools initiative, which began in 2012 by implementing the community school strategy at a local high school that includes a federally-funded community health clinic. Leveraging the local university is a creative way to consolidate resources and provide long-lasting support.

In fall 2017, UCF plans to open a second community school at a public elementary and middle school, in partnership with the City of Orlando. Vital partners in this work include UCF's College of Health and Public Affairs, Orange County Public Schools, and a network of federally-funded community health centers.

The advancement of children's health and wellness is central to the City of Orlando's Children's Initiative mission, and community schools prove to be another tool for supporting this work. The City of Orlando will continue to engage with local partners to provide supports for children and families through the community schools model.

### *City Planning Process Initiative*

The **City of Cincinnati, Ohio** established Growing Well Cincinnati through a city planning process to coordinate an integrated and sustainable system of healthcare that ensures access to services for students and their families.

In 1999, Interact for Health, formerly the Health Foundation of Greater Cincinnati, began a public-private partnership to increase SBHCs in Cincinnati schools.<sup>77</sup> These efforts coincided with efforts by city leadership to

transform schools into Community Learning Centers (CLCs) that connect students to a network of community partnerships to “promote academic excellence and offer recreational, educational, social, health, civic and cultural opportunities for students, families and the community.”<sup>78</sup> While schools transformed into CLCs, many incorporated SBHCs to improve students' access to health services. Growing Well provides support by fostering collaboration and providing funding for SBHCs and CLCs.

The initiative fosters collaboration between key players involved in SBHCs and CLCs including representatives from 30 organizations: local healthcare entities, the Cincinnati Public School district, the Cincinnati health department and other community organizations.<sup>79</sup> Growing Well is funded by a blend of public and private dollars including revenue from Medicaid/CHIP, private insurance and philanthropic sources.<sup>80</sup>

## **INITIATIVES TO SUPPORT SCHOOL HEALTH PERSONNEL**

### *School Nurses*

The Healthy Learners (HL) initiative was established in **Richland and Lexington Counties in South Carolina** in 1992 to address the lack of access to healthcare for low-income students.<sup>81</sup> With funding from public and private sources, HL has collaborative partnerships with local healthcare entities to provide services to students. HL nurses act as the primary liaison between students and HL – they identify students, based on their health and financial needs, and enroll them in HL. School nurses provide basic healthcare services such as screenings and make referrals to providers within the HL network as needed. Key elements of the model that have allowed its success include: effective data sharing



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and education.

*Mayor Bill de Blasio visits a  
school in New York City.*

among school nurses, providers and HL staff, translation services, transportation provided by HL staff and assistance determining eligibility and enrolling in Medicaid.<sup>82</sup>

### *School-Based Health Center*

While many SBHCs are supported through federal funding or sponsorship from hospitals or large health systems, approximately one-third of SBHCs receive financial support from their school district and another third receive county or city government funding, such as local levies or property taxes.<sup>83</sup> This support can help SBHCs form in communities where there is not a hospital or health system available with which to partner and operate an SBHC. For example, the **City budget for Omaha, Nebraska** includes SBHC funding that has helped create six SBHCs in the city by facilitating partnership with local community health centers.<sup>84</sup> Cities can also support SBHCs by providing school construction dollars toward the building of new SBHCs: for example, a new SBHC in New York City opened with the support of the New York City School Construction Authority in collaboration with the city and state health departments and other community stakeholders.<sup>85</sup>

## **USE OF DATA FOR PREVENTION AND INTERVENTION**

### *Data-Driven Prevention*

City and community school leaders in **Dayton, Ohio** use data to understand community needs and analyze the most effective plans for intervention. The city first used data to understand the specific social determinants of health that affect children's ability to attend and perform well in school. Understanding the effects of these determinants through evidence-based research helped

administrators align their efforts in schools to serve families appropriately. Some of these efforts included intentional targeting of sub-groups of students to lower suspension rates, raise test scores, and increase graduation rates. A specific focus on equity and targeted interventions throughout this research allowed city leaders to aim efforts towards children in the most vulnerable homes and communities. Furthermore, the Learn to Earn Dayton Report analyzes county data to better understand opportunity, equity, and achievement levels and inform intervention efforts.

In partnership with the Health Policy Institute of Ohio, city leaders in Dayton developed multiple resources and policy recommendations for healthcare providers and educators to highlight the relationship between education and health. Highlighting this link places an increased emphasis on the importance of community schools that engage education and health partners for a well-rounded approach to learning. The City of Dayton has conducted extensive research on chronic absenteeism as a health barrier to success in school. This research also includes suggestions on how to intervene and impact outcomes before students become chronically absent. Approaching data from both a prevention and an intervention standpoint allows Dayton to serve its most vulnerable residents in multiple ways.



# The Changing Health Landscape: New Opportunities

## NEW PARTNERSHIP OPPORTUNITIES FOR CITIES AND HEALTH SYSTEMS

**W**ith the recent implementation of the Affordable Care Act (ACA), health plans, hospitals and other medical providers are engaged in improving the health and well-being of the people they serve in new ways. While new political realities make the future of the ACA uncertain, the idea that health care entities must shift their focus into the community to better meet patient needs has gained significant traction in the field and is likely to continue moving forward in communities despite national-level political debate. This shift toward community engagement in healthcare brings tremendous opportunity to bridge gaps in care for children in ways that tackle the dual goals of health equity and education equity.

## EMERGING HEALTHCARE PAYMENT MODELS

Emerging models for how patients are treated and how doctors are paid – such as accountable care organizations, patient-centered medical homes, and value-based purchasing models – encourage providers to consider their patients’ non-medical needs. The aim is to broaden access to care outside of the clinical setting; to reach patients in community settings, such as schools; and to better address patients’ overall needs in ways that keep people healthier, thereby reducing the need for medical intervention in the first place. To do this efficiently and effectively,

the health system must take a comprehensive approach that includes a connection to public health and alignment with necessary social services and supports for vulnerable residents, including building comprehensive collaborations with schools. While these payment models are supported through ACA funding, many exist outside of ACA initiatives.

One example of how new payment models can support student health includes recent efforts to designate school-based health centers (SBHCs) as patient-centered medical homes (PCMH). As patient-centered, prevention-focused providers that utilize an interdisciplinary team approach to delivering coordinated primary care, SBHCs already provide the essential components of the PCMH model to disadvantaged students.<sup>86,87,88,89</sup> Achieving PCMH status recognizes SBHCs for the significant care they provide to students and is important for SBHCs to attain enhanced Medicaid reimbursement, making the model more sustainable. Support from city and community leaders can help SBHCs achieve care standards necessary for PCMH designation. Currently, efforts in Connecticut and New York promote SBHCs as a specific type of PCMH that provides primary care coordination for the unique needs of children and adolescents.<sup>90</sup>

**Hospital Community Benefit:** Non-profit, tax-exempt hospitals have a new requirement under the ACA to conduct a community health needs assessment (CHNA). CHNAs are part of their community benefit process

to determine ways hospitals can provide services that address the most pressing needs of their communities. The CHNA process provides an opportunity to better align coordination of hospital programs with other local efforts to improve community health. In addition, after identifying needs through the CHNA, hospitals may respond by deploying resources into schools to address an array of student health needs. For example, New York Presbyterian Hospital has engaged in efforts to address indoor air quality in schools.<sup>91</sup> Morris Hospital and Healthcare Centers in Illinois launched an initiative to increase the availability of healthy foods and beverages in schools and reduce the number of unhealthy beverages available in school vending machines.<sup>92</sup> University Hospitals in Cleveland, Ohio provide alcohol and drug abuse prevention programs to schools and supports an initiative to address and treat sports head injuries in area high schools.<sup>93</sup> These hospital-led initiatives benefit from the support of city and community leaders.

**Medicaid Reimbursement in Schools -- New Opportunities:** Medicaid's former "free care" rule stated that Medicaid would not pay for services that were offered to the public free of charge.<sup>94</sup> The rule stood as a significant barrier for schools to receive Medicaid reimbursement for health services provided to students enrolled in Medicaid. For example, a school serving a low-income population where most students are enrolled in Medicaid or State Child Health Insurance Programs (CHIP) may have wanted to implement a comprehensive asthma or diabetes management program for their students. If the school could not sort out third-party billing for the small number of students with private insurance, or did not want to set up a fee scale for students without insurance, then the school could not bill Medicaid for

the Medicaid-eligible services rendered to most students served by the program. This rule effectively discouraged schools in disadvantaged areas from offering important school health, wellness and prevention services for their students.

In December 2014, CMS reversed this policy, clearing the way for Medicaid agencies to pay for services furnished in schools.<sup>95</sup> The policy does not automatically take effect in every state, however, and many states will need to change state laws and regulations for full implementation. In addition, the education sector needs resources and investments to develop the staffing and technology infrastructure necessary to bill Medicaid for health services rendered. Mayors and city leaders can: (i) serve as advocates to state lawmakers to make the policy changes necessary to bring this critical funding to schools; and (ii) assist schools in their jurisdiction to acquire the basic infrastructure needed to seek Medicaid reimbursement.

**Every Student Succeeds Act (ESSA):** ESSA, which reauthorizes the Elementary and Secondary Education Act (ESEA), was signed into law in 2015. The law includes a broad array of provisions that aim to improve education. ESSA increases flexibility for states and local school districts to use funds for strategies they see as most beneficial, including community school or other place-based models, to tackle broad issues beyond the classroom.<sup>96</sup> Further, ESSA reauthorized funding available to states and districts to implement Community Learning Centers (CLCs).<sup>97</sup> City leaders can leverage their leadership to encourage school districts to take advantage of the new flexibility and consider implementing place-based models such as community schools or CLCs. ESSA also increases flexibility of funding to be

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used to train school personnel in “forming partnerships between school-based mental health programs and public or private mental health organizations.”<sup>98</sup> In addition, it allows states to enable funding to school districts to conduct training programs for school personnel to foster safe and healthy school environments. The training would allow school personnel to address: safety, suicide, violence, drug abuse and bullying prevention.<sup>99</sup> Because of the increased flexibility allowed through ESSA and broad range of potential activities covered under each of these provisions, local communities have opportunities to prioritize and fund initiatives they believe will meet community educational and health needs.

## **THE WORK AHEAD**

School districts typically lead the directly implementation of new school-based initiatives and models, but, as the above examples demonstrate, city leaders can play an important role in creating city policies and programs that support healthy schools. There are numerous ways in which mayors and other city officials can use their leadership roles to improve the integration of health in schools and help children and their families receive the resources they need to achieve maximum wellbeing and educational success. Finally, city leaders can leverage the changing landscape to improve collaborations between school districts, the health system and other community partners and adopt a more integrated and effective approach to healthy schools.

# Resources

## **Coalition for Community Schools at the Institute for Educational Leadership:**

<http://www.communityschools.org/>

## **School-based Health Alliance:**

<http://www.sbh4all.org/>

## **National Association of School Nurses:**

<https://www.nasn.org/>

## **Every Student, Every Day: A Community Toolkit to Address and Eliminate Chronic Absenteeism (Department of Justice, Department of Health and Human Services, Department of Housing and Urban Development and Department of Education)<sup>100</sup>:**

<https://www2.ed.gov/about/inits/ed/chronicabsenteeism/toolkit.pdf>

## **Encouraging Hospitals to Invest in Community Building:**

<https://www.brookings.edu/wp-content/uploads/2016/07/Rosenbaum-PDF-Layout-FINAL-1.pdf>

## **Opportunities for Medicaid Reimbursement in Schools:**

<https://firstfocus.org/wp-content/uploads/2016/05/CALC-Free-Care-Rule.pdf>

## **NLC's Health and Wellness Portfolio**

<http://www.nlc.org/health-and-wellness>

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## Endnotes

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**100** The Every Student, Every Day toolkit features a community action guide with specific action items for all involved stakeholders including mayors and local government.

