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The Children Left Behind

By Emma Gray

When I walked into Ms. Taake's 7th grade classroom, on legs still healing from a two-year old sports injury, I did not expect to see anything of relevance to this paper. I knew the problems I wanted to describe existed and yet I did not expect to see them. After only a few days, though, it was apparent that they were quite visible, even in a school as nice as Franklin Middle School. What struck me most was one student: one boy who, almost without fail, would be asleep by the middle of English class. No one bothered him, not even the teacher. He just slept, his head nuzzled into the crook of his elbow until one of the other students told him it was time to go to the next class. While I can only guess as to what problem caused this behavior, I am quite certain that it was a medical problem, either physical or psychological—further, that it was a problem that was failing to be treated. One thing that struck me about the feeling I got seeing this boy's problem go unresolved is how familiar it felt. Snippets of similar situations I had seen or heard of came to mind: the girl who got pregnant in the 8th grade; the boy who couldn't control his thoughts, his actions; my friend who missed weeks of school because of panic attacks and hallucinations; another friend who couldn't even get school officials to give her a band-aid; my own story of getting shin splints.

The current system of insuring and caring for children in America is failing us terribly because it leaves so many students vulnerable to situations like the ones described above. It leaves too many students without the care they need to succeed in school and in life. But what is the alternative? To find out, we must first ask ourselves what the actual problems is, how it harms students, and what history can teach us about what has worked in the past.

Problem

America has an insurance system in which children are insured through whatever means their parents can conjure up. According to the article “Health Insurance Coverage of Children 0-18,” for most children this means getting coverage through a parent’s employer (48%) or through Medicaid (39%). For a small number it means getting coverage through a non-group plan (6%) or other public insurance (2%). And for 5%, it means not having insurance at all. Often these children go uninsured because their parents cannot afford to buy insurance for them. As Bara Vaida writes in her article “Is the Affordable Care Act Working?,” these parents often earn too much to be eligible for Medicaid, but conversely, earn too little to qualify for financial assistance to purchase a plan through state ACA marketplaces. This unfortunate situation, which about 27 million Americans under the age of 65 find themselves in, is known as the “coverage gap” (Vaida). Even for children who do have insurance, adequate medical care can still be out of reach because of costly copays and deductibles.

Lack of financial resources is not the only barrier to healthcare facing minors. Sarika Ran Parasuraman PhD, MPH and Leiyu Shi, DrPH, MBA, MPA propose, in their article “Differences in Access to Care Among Students Using School-Based Health Centers,” that additional barriers might include lack of transportation, inability to keep appointments due to school and work schedules, and mistrust of healthcare practitioners and confidentiality practices. The result of these barriers to healthcare is that students are not getting adequate treatment, a fact visible in several specific harms.

Harms

The first harm is the obvious: kids are not getting treated until a medical issue has gotten so bad that they end up in an emergency room. The preventative care they are lacking includes a

wide array of services, from vaccines and teeth cleaning to birth control and education about preventive practices like healthy eating and proper use of over the counter medications. Schools educate students about some of these issues through classes such as sex ed, but these services cannot help students if they do not have access to the tools they need to apply the skills taught or if their school offers only a crude mockery of a class that has little basis in science or practical knowledge. Yet, little preventative care leads to avoidable health issues that unfairly burden students and families. Severe tooth decay, or displacement from wisdom teeth removed too late or not at all, can cause an unworldly amount of pain for students and be costly to fix in the future. Unwanted pregnancies can cause students to drop out all together and be a huge financial drain just from necessary medical services associated with the birth. Type 2 diabetes can require expensive medication to manage and lower life expectancy. If not managed properly, it can lead to expensive emergency room visits. These avoidable conditions are expensive and time consuming, which burdens students and their families, making their success less likely.

Some issues never get severe enough to warrant a visit to the hospital. Nevertheless, they are still problems that affect student's success. One of the biggest problems that falls into this category is bad eyesight. Some schools offer screenings for eye and ear deficiencies, but what good does this do a student who cannot afford glasses or hearing aids? Not all schools offer these screenings either, and there are many other problems that are not screened for at all. Mental health concerns like anxiety and depression are one big gap. This is no small gap either; the study "Differences in Access to Care Among Students Using School-Based Health Centers" found that approximately half of the adolescents in the study reported having one or more mental/emotional health concerns, with a quarter reporting it being a serious concern (203). Under the current system it is presumed that issues like these will be caught by family and

brought up with the student's primary care doctor—who may not exist. As a result, many students never get the diagnosis they need, let alone treatment.

Other areas that are lacking under the current system include integration of treatment plans into a student's education and open communication between health care providers and educators. Many students, 12.3% to be exact, do have plans in place to help their schools accommodate their needs in the form of Individual Education Programs (IEPs), according to authors Lisa N. Rossignol, MA and Michael K. Paasche-Orlow, MD, MA, MPH, in their article "Empowering Patients Who Have Specific Learning Disabilities." But these plans are only for students who have recognized disabilities and do not require a doctor to be involved. The article by Rossignol, et al explains that IEPs are, in the simplest of terms, a contract between students, their parents, and their school to create a plan to accommodate a child appropriately. IEPs are a helpful tool that schools use to deal with medical problems, but they are not sufficient, as they leave students who do not qualify or have not been diagnosed, but who nonetheless have relevant needs, without clear accommodations. Meanwhile, the students who do have IEPs are left in the hands of people who may not fully understand the medical complexities of their condition(s).

All of these above-mentioned shortcomings cause significant problems for students. Days of school are missed because of preventable hospital visits, unmanaged chronic pain, and untreated psychological problems. Children are distracted in their seats, unable to take their minds off the pain they are feeling or the struggle to keep their eyes open and their heads up so that they can put their focus on the lesson being taught. Words and concepts are missed because a student cannot see the board or hear the teacher, or simply is incapable of paying steady attention and processing the information due to an unaddressed learning disability. As middle school teacher Heather Taake told me recently in an interview, one of the biggest problems she

sees is class avoidance. Her school is lucky enough to have counselors for students, but she says that this needs to start at a much younger age in order to teach students good coping mechanisms. Almost every medical problem, physical or psychological, in some way negatively affects a child's ability to fully participate in school if left untreated and unmanaged. This translates into a student who is less able to fully participate in society upon graduation, or upon dropping out.

Plan

The solution I propose is to insure all children through the public school system and provide onsite care through school-based health centers (SBHCs). Each school district would employ doctors to provide primary care for students, including physicals, check-ups, prescriptions, and treatment of minor ailments. Each school district would have at least one clinic which would include a pharmacy, a dental clinic, and a therapy unit. This clinic would provide services such as STD and pregnancy testing, individual counseling and support groups, basic operations like wisdom tooth removal, sports injury evaluations, and much more. It would be the medical home for all students, completely free to them. Smaller districts might have one school house the clinic, with doctors making rounds to the other schools and buses to take students to the clinic. Larger school districts would house specialty services like neurology or oncology, partnering with local hospitals for use of equipment. Any services a student did need to get at a hospital, including emergency visits, would be covered under the school's insurance.

Solvency

The first issue with implementing a plan like this is, of course, how to pay for it. The start-up costs would be considerable, as would be upkeep costs of paying doctors, nurses, pharmacists, etc., to staff the clinics. In the book *Full-Service School: A Revolution in Health and Social Services for Children*, author Joy G. Dryfoos estimates that startup costs would be

between \$100,000 and \$300,000 for each school, depending on the size and comprehensiveness (171). School districts obviously do not have this kind of money, but the money is out there. The money can be found in the healthcare system, with more than enough to spare. We can find it in the waste. Our country spends nearly twice as much as any other country on healthcare costs according to *Healthcare Beyond Reform: Doing it Right for Half the Cost* by Joe Flower (3). This book finds that 30% of all our expenditure is waste, according to anonymous surveys of doctors about excessive billing, assumptions that any extra money spent without a raise in quality of care is waste, and other evidence (10-11). Assuming this figure of 30% waste is correct, that means that there is \$780 billion out there that could be put to better use, more than enough to insure and care for every child in America (10). A lot of this spending is on private insurance and would have to be converted to tax dollars instead. The most important fact that has to be recognized is that raising taxes is *not* going to raise people's overall costs; it will simply shift who they are paying. Instead of paying for private insurance for their kids, everyone will be paying into taxes that will be used to fund school clinics for everyone.

Insuring through schools makes economic sense, as one school district in Florida found in the 1990s when they started insuring children through their Florida Healthy Kids Corporation, created by the state, as explained in the article "Will Schools Add Insurance to the 3 Rs," by Rebecca Voelker. It goes on to explain that schools are good candidates for group insurance because they are "easily accessible groups that can be pooled to garner attractive insurance rates" (443). The Florida school district discussed in the article was able to lower premiums because of better than expected results and was able to make it free for low income families. Schools are also ideal for spreading information that parents need about insurance and healthcare for their kids.

The second issue is whether this plan makes any sense in the first place. Do school based health centers actually work? Or are they socialist schemes that lower the quality of care for students and the income of doctors? The book *Full-Service Schools: A Revolution in Health and Social Services for Children* gives a brief history of healthcare in American schools. In the late 19th century and the early 20th century, schools began doing examinations of children to check for contagious diseases and New York began giving out free vaccination (20-21). These services were done in response to epidemics that were plaguing schools. They were done in the interest of the student population as a whole, to keep as many people as possible healthy and in school. Soon, school nursing services started appearing, as well, to treat kids with minor conditions to keep them from being excluded from school (22). Nurses took over routine examinations while doctors started checking for disorders of the eyes, ears, skin, and throat, and taking note of a child's nutritional status (22-23). New York even began having doctors do tonsil removals for children, though this quickly ended after backlash from the private sector (23-24). New York did continue to have doctors and nurses working with families, however, as well as providing dental and eye clinics, special education for handicapped children, and even "open-air classrooms on the roof for children with weak lungs" (23-24). These services were discontinued in large part by the 1920s because of backlash from the private practice doctors who wanted to be able to collect fees for these services and because of fear that these services were too socialist and too costly. They were not discontinued because they did not work, but because they had worked. And as we will see later, they still do.

School-based health centers overcome the additional barriers mentioned above. Since they are on school grounds, transportation becomes significantly less of an issue because all students have a means of getting to school, including busses if they live outside a certain radius

from the school. The health center being at school and being coordinated through the school also alleviates problems of doctors' appointments conflicting with school schedules. Appointments could be orchestrated to happen at a student's lunch hour, free period, or other time deemed appropriate by school personnel. Even with students leaving class to go to appointments, they would miss less school than students do currently when they have to leave school for an appointment, as transportation time would be taken out of the equation. School-based health centers might also be able to begin to bridge the trust barriers that exist between adolescents and healthcare professionals by being more visible and familiar. Students would grow up using them and having them around as a normal part of their school experience.

Advantages

One of the biggest advantages of school based health centers is how nondiscriminatory they are. The study "Differences in Access to Care Among Students Using School-Based Health Centers" found that there is no significant difference in access to care based on gender, socioeconomic status, or demographics (294). This is especially important because currently care is incredible unequal, with females having greater unmet needs for mental health care and prescription medication, but males being more likely to not have a usual source of care, uninsured children being less likely to have a primary source of care other than a SBHC, and even differences in unmet needs based on weight status (293-4). SBHCs provide equal care, however, increasing students' likelihood of seeking help. This is especially evident when looking at mental health concerns; students who have access to a health center at their school are 10 times more likely than students who do not to make mental health related visits (296).

Students will be able to reap the numerous advantages of preventative care as well. Students will have access to contraceptives like hormonal birth control and condoms, which has

been shown to correlate with an increase in consistent use by the study “Differences in Access to Care Among Students Using School-Based Health Centers” (295). This will help keep unwanted pregnancy rates low and keep students in school. Schools will also be able to integrate doctors and nurses into their existing health education. These services, like antismoking campaigns and sex ed, could be overseen by healthcare professionals who might be more up to date on what problems are prevailing and what methods of prevention are proving to be most effective. They would also provide someone that students can go to with medical questions about the facts presented in these programs. Preventative care has been linked to lower hospitalizations rates. One school district that started insuring children found that pediatric emergency room visits dropped by 30% in three years, according to the article “Will Schools Add Insurance to the 3 Rs,” by Rebecca Voelker. This also helps lower costs, as episodic care is more costly than structured care. Even if there was an emergency at the school, there would be trained nurses or even doctors to help manage the problem and provide immediate services like CPR or administration of epinephrine, which teachers might be unable to do. These services could prevent further emergency room visits.

Having doctors and nurses in schools will also ultimately make teachers happier, because it relieves them from duties that many feel do not fall into their job description or abilities. One example of this is from the Mahomet-Seymour, IL school district, where a teacher’s aide questioned whether she should be tasked with changing a student’s catheter, according the news article “Law Unclear on Medical Care in Schools,” by Debra Pressey from 2009. Tasks like this are uncomfortable for teachers, possibly because of their inherently non-educational nature, or possibly because of the legal gray area they represent, without clear knowledge about whether or not a teacher can be sued for a procedure gone wrong. Having a nurse or doctor on site would

take this burden off of teachers, as well as provide students with better trained staff to do even tasks that might seem simple and delegable, because the possibility of something being wrong (like cloudy or bloody urine in a catheter) is always present.

Another example of a task that should not be left to teachers and administrative staff is medication handouts. In Illinois, teachers cannot be required to hand out medication, but are allowed to if they volunteer, according to the news article by Pressey. Medication handouts gone wrong are bad for everyone and it is all too easy to make a mistake. I have a family friend in middle school who was given a double dose of his ADHD medication due to an error by the school staff who handed it out to him twice, insisting he was lying about having already taken it. The result was that he had a bad reaction and ended up attacking a teacher. A comprehensive medical system with trained staff on hand has the advantage that incidences like this could be almost entirely avoided.

One advantage that is near and dear to my heart is the care that could be provided to athletes. When I was in high school, I ran cross country. Within the first few months of the season in my freshman year, however, I developed shin splints and was unable to compete. Some of the coaches were understanding, while others pushed me to run more, making the problem worse. Of the coaches who were understanding, only one had any helpful advice for what I should do about my shin splints, a diagnosis that he couldn't even be sure I had. I had to get a note out of PE, which I was only sort of able to procure. The sports doctor I saw didn't know me and assumed I was just trying to get out of PE; she couldn't hear from my coaches about how I was desperate to run again. She gave me a month out of PE, which was far too little. Over a year later, I started physical therapy for the condition. Numerous friends of mine have gone through all too similar problems, some being forced to do PE even though it only makes their condition

worse. This mess of a situation could be fixed by having doctors in schools who could hear from coaches about what has been going on with a student to better figure out how much time they need out of PE and what parts they can or cannot participate in. It would also help by allowing students to go to doctors immediately after noticing a problem, instead of waiting for it to get bad enough that they have to. Doctors could oversee sports programs to try to eliminate unhealthy practices that only serve to harm students and to talk to athletes about taking care of their bodies.

Counter Arguments

The problem I've described above can seem too severe to believe. Society should not be failing to serve its young citizens so horribly. Fortunately, the situation described above is not the case in every school. Many schools have pieces of healthcare in them, a few of which have been mentioned above. A lot of schools still do have nurses. There are still Florida counties that offer insurance through the school district. IEPs help an enormous number of students. Some schools, like the school that Ms. Taake works in, have school psychologists and counselors. Most schools are not entirely failing. They are doing the best they can within the existing framework, but there is so much more they could be doing and what is offered varies so much depending on geography and economics that it is still clear that this piecemeal system falls far short of what is needed.

Mandate

Ultimately, providing care in schools is the ethical thing to do. Schools were created with the purpose of preparing children to participate meaningfully in society, which they cannot do without caring for both the minds and bodies of their students. Making full service healthcare facilities available on site to every student would help individual students and in turn help the collective student body and society.

It might also be legally required. At least that is the position that some school administrators, like the Superintendent of the Mahomet-Seymour school district, are taking. If it is not required now, it seems like we are heading in that direction. In doing so, it is important that we ensure that medical care is given by professionals. The Nurse Practice Act disallows nurses from delegating tasks that require nursing judgement to non-nurses, according to the news article by Pressey. One can reasonably see how this can be applied to schools to mean that they must have professionals giving medical care, as almost any situation that involves a medical issue requires nursing or medical judgement. If nurses are not allowed to delegate these tasks to non-nurses, why should schools be able to?

Call to Action

We are supposed to protect and nurture our children, but far too often they slip through the cracks left in the wake of ineffective systems. This is my plea to parents, teachers, administrators, or just concerned citizens: to begin to see the future and demand that we even if we do not fix the larger problems with our healthcare system, we fix the problems that affect our children. How can school teach without the proper means to care for the bodies and minds of their pupils? They can't. Until comprehensive and drastic changes are made, children will continue to be left behind, struggling with the most basic of problems.

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