

# HEALTH CARE FOR JEWISH DAY SCHOOL STUDENTS

## A Planning Model for Resource Development

DAVID S. SHTULMAN, M.A., M.S.W.

SAMUEL A. FRIEDE, FACHE

and

JIM DENOVA, Ph.D.

Scarce resources and growing demands are making it increasingly difficult for many federations to maintain existing programs at current levels, much less fund new initiatives. Important programs are likely to go untested for lack of funds and innovative ideas unexplored because, even if developed, there would be no money for implementation. In these times the role of federation as a facilitator and planning resource becomes increasingly important. At the same time, federation can broaden its narrow image as merely the collector and disbursing of campaign dollars to assume the role of advocate and partner in the acquisition of other available resources. A health care partnership between three Jewish day schools and a community teaching hospital in Pittsburgh is a case in point.

### PLANNING PROCESS

In December 1991, the combined leadership of three Jewish day schools (Community Day School/Solomon Schechter, Hillel Academy, and Yeshiva Schools) with a total enrollment of approximately 1,000 students, approached the Jewish Healthcare Foundation, a newly formed local foundation, for assistance in upgrading health-related services at the schools. Consultations between the Jewish Healthcare Foundation and the United Jewish Federation led to a collaborative planning process that included both parties and the three schools. A planning committee composed of the principal and two lay leaders of each school, a lay and professional member of the foundation, and a member of the federation planning staff met for the first time in March 1992.

The committee was able to quickly identify the common areas of need: a school nurse, primary health care/screening services for students, special educators, timely and affordable access to psychological testing and testing for learning disabilities, expanded physical education programs, and health insurance for teachers. A comprehensive health education curriculum and in-service programs for teachers were also identified as needed. The need to coordinate services among the day schools and to utilize available community resources fully to minimize the total expense of a health care program was emphasized.

The next 3 months were spent conducting a detailed needs assessment and gathering information about available resources. A questionnaire was created for parents to determine the medical needs and access to health care of the student body. A second questionnaire was directed to school staff to assess their health insurance coverage. This was deemed necessary because of the difficulty recruiting and retaining quality teachers. At existing salary levels, an adequate benefits package was considered essential. Each school prepared a detailed report of the health care services it currently provided. Committee members met with the Pittsburgh Board of Education and the Pittsburgh/Mount Oliver Intermediate Unit, which operates under the auspices of the Board of Education, and provides educational testing and consultation to public and private schools, to identify the type and level of services they can provide. Finally, four private schools were surveyed to ascertain the level of service they provide or ac-

quire from other agencies in the areas identified by the committee.

The questionnaires revealed that, at two day schools, 12.5% and 14% of teachers were on Medical Assistance, and at one of the schools, an additional 10% had no health coverage at all. Among parents responding, 13% from one school and 4.5% of another were on Medical Assistance, but only 2% of students from the third school had no health coverage. However, when parents were asked if they limit the number of visits to a physician because the visits are not covered by insurance, answers ranged from 13.8% to 44.6% affirmative. In addition, nearly half of the parent respondents at two of the schools indicated their children had a medical problem that needs to be monitored in school.

The meeting at the Intermediate Unit revealed that, although the day schools did receive the services to which they were entitled, they might not be receiving them at the maximum level or in a timely fashion because of the small numbers represented by each school individually. If the three day schools were to present themselves as a single consortium representing 1,000 students, they would have greater leverage and be able to gain access to services in a more timely fashion.

The committee also learned about the school health partnerships program in the Pittsburgh Board of Education. In this model, local hospitals are matched with individual public schools as a means of providing students with a comprehensive wellness program and expanded health services. The committee felt that the school health partnership model was most likely to offer a comprehensive program to meet the needs of the day schools and decided to pursue such a partnership.

During the month of June, personal contacts were used to broach the possibility of exploring a health partnership with six area hospitals. Four hospitals expressed interest. It soon became apparent to the committee that these hospitals were all seeking to

strengthen their ties with the Jewish community. Identical letters were sent to each hospital briefly describing the services needed and requesting a meeting to discuss the feasibility of a mutually beneficial relationship. Dates were arranged for four committee representatives to visit each hospital during the following month.

At the same time, meetings were held with the Jewish Community Center and Jewish Family & Children's Service to ascertain if and how they might take on bigger roles in the day school system. Both agencies already provided some service to at least one of the schools. The JCC submitted a proposal to deliver physical education and fitness services, and JF&CS proposed mental health and counseling services. The day schools found that, although the fee scales for each program were reasonable, they were still beyond the available resources of the schools.

The summer months were spent meeting with the hospitals. First, small groups visited each hospital discussing needs and services and clarifying expectations. The committee then regrouped to compare notes and discuss the relative merits of each hospital's offer. The committee found itself unable to reach a decision. Another letter was composed detailing specific questions for each hospital and requesting that a second round of meetings be held, this time with the entire committee. It was during this round of meetings in early September that a single hospital emerged as clearly being the most invested in a partnership with the day schools and the most generous in its support of the partnership.

An agreement to move forward with Shadyside Hospital was reached quickly. The next 2 months were occupied with hospital staff visits to the schools and drawing up a contract. The 5-year contract was signed in a festive ceremony on December 1, 1992, one year from the time of the initial request, and became effective as of January 15, 1993.

## IMPLEMENTATION

Roles and responsibilities were established for each of the partners, with the federation stepping back into a role of mediator and facilitator on an "as-needed" basis. Shadyside Hospital designated a team of three individuals to manage the program. An Administrative Director is responsible for coordination, legal and budgetary decisions, and community relations. The Medical Director supervises the School Health Coordinator, prioritizes programs and activities, and oversees the medical content of all programs. The full-time School Health Coordinator, a family nurse practitioner, acts as health coordinator for all three schools, provides emergency management, and coordinates the special health needs of individual students. In addition, the School Health Coordinator provides specific health screening for students and staff as necessary and ensures access to primary care for all students and teachers through referrals or through the hospital's Family Health Center. Moreover, the Coordinator is responsible for the development and implementation of appropriate health education curricula and teacher in-service programs as needed or desired by each school. The costs of the entire program are borne by Shadyside Hospital as a community service.

The Jewish day schools work with Shadyside Hospital through a Steering Committee and a Working Committee. The Steering Committee, which represents the original school planning group, is composed of a parent representative and the principal of each school, along with the Administrative Director, Medical Director, and School Health Coordinator from the hospital. Its role is to review the program and provide feedback and to promote acceptance of the program by school staff and parents. The Working Committee is composed of the president of the Parents Association and the Director of Secular Studies from each school, together with the hospital Medical Director and School Health Coordinator. The Working Committee provides input on

needs, facilitates the practical details of program implementation, and collects feedback for evaluation of programs.

In its first full year of operation more than two dozen health programs have been implemented successfully, including American Red Cross Certification in CPR and first aid, bicycle safety, bus/car and pedestrian safety, fire safety, babysitter certification, and programs on nutrition and puberty. In addition, a health needs assessment was done for every child enrolled in each school.

The contract with Shadyside Hospital, although impressive in its scope and generosity, did not address the issues of mental health, special education, or physical education. The planning group continued to explore these areas. A connection was established with the Child Development Unit (CDU) of Children's Hospital of Pittsburgh. The CDU maintains a multidisciplinary team of pediatricians, psychologists, social workers, rehabilitation specialists, and special educators, all of whom are available to serve and respond to discrete mental health problems and learning disabilities. After two exploratory discussions, Children's Hospital submitted a proposal to undertake a one-year comprehensive mental health needs assessment of the three day schools. The purpose of the assessment would be to determine the nature and extent of unmet learning and mental health problems, identify resources in the schools and the community to address the problems, and to prepare recommendations for meeting these needs. The day schools submitted a request to the Jewish Healthcare Foundation for funding to contract with Children's Hospital as Phase One of a program to address mental health and learning problems in the schools. The request was granted, and the assessment will be conducted during the 1994/95 school year.

## CONCLUSION

The entire process has proven to be of great value for all parties involved. The Jewish

day schools have received much needed services, otherwise beyond their reach, and have developed a positive working relationship with each other that is bearing fruit in other areas as well. Shadyside Hospital has used the program to further its goal of providing greater community service, and the Jewish Healthcare Foundation was able to target limited resources in a strategic way, benefiting from the federation's community planning expertise. For its part, the United Jewish Federation has demonstrated to the Jewish day school community that it has relevance beyond its annual allocation and value that cannot be measured in dollars alone. Its role as convener and facilitator

has leveraged far greater in-kind services than it could ever purchase.

In a communal system that tends to measure the worth of a federation by the size of its allocable resources, it is imperative that new models be developed that enable federation to expand its relationships with the Jewish community beyond its fiduciary role. It makes perfect sense to consult (and support) a facilitator who can assemble forces and guide a process that is likely to bring about the desired results.

We believe that this evolving program serves as an easily replicated model for other communities to link community resources to Jewish schools.