The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose
Life Lessons: Pitfalls and Promises in Building Education-Health Partnerships

National Coordinating Committee on School Health and Safety
June 2012
Overview: Three Key Points

- Education-health partnerships are essential.
- Partnerships are really hard to create and sustain – for reasons specific to education and health and in general.
- Research on partnerships and how they work can help health & education partner better & NCCSH could be an important facilitator for a new chapter.
Why Are Education and Health Partnerships Difficult?

- Different drivers for each system
- Different priorities and institutional cultures
- Absence of personal relationships
- All partnerships challenged by lack of knowledge & experience in creating and sustaining collaborative work
Education and Health: Systems Differences

Two systems with different drivers

- Entitlements
- Target populations
- Funding
- Accountability
Entitlements

1. Public Education
   • Universal entitlement for children ages 5 – 19
   • Mandatory participation -- all children must attend school or be enrolled in a home-schooling program

2. Health care
   • Not an entitlement, eligibility must be documented, sometimes cumbersome process
   • Special provisions for special populations
Target Populations

- **Public education**
  - All children

- **Health care**
  - Some children
  - Adults

- **Public health**
  -- All children for some services
  -- Some children for additional services
Funding for K – 12 Education

Nearly 100% public dollars. National Center for Education Statistics, 2009

- Federal Government - 10%*
- State Government - 47%
- Local Government - 44%

* Includes US Dept of Education, USDA School lunch program, DHHS Head Start program plus others. [http://www2.ed.gov/about/overview/fed/role.html](http://www2.ed.gov/about/overview/fed/role.html)
Health Care Funding, 2009

- Government: 51% (federal, state, local)
- Out of pocket: 12%
- Private insurance: 37%

Source: Center for Medicare & Medicaid Statistics
Accountability

- Schools -- 100% publicly funded and 100% accountable to the community political system. School officials tend to resist services or programs that result in higher levels of political scrutiny.

- Health systems -- funded by diverse sources; decisions & programs driven more by institutional politics and by national & state policies. Major influencers: a mix of public & private organizations.
Never underestimate how hard it is to create & sustain a partnership
Little in the current world is simple. Nothing comes in a box for us to add water and stir. There are those, however, who have been successful and who are willing to share their success.

**Public Health Improvement Resource Center**

http://www.phf.org/improvement/
Skills Development: Partnerships & Collaborative Leadership

6 Key Principals for Collaborative Leadership
- Assessing the environment for collaboration
- Developing clarity through visioning and mobilizing
- Developing trust and creating safety
- Sharing power and influence
- Developing people through mentoring and coaching
- Self reflection and personal CQI

http://www.collaborativeleadership.org
Building trust

• Before they care what you know, they need to know that you care
Understanding behind-the-curtains priorities for potential partners

Who does my partner need to keep happy?

What are the sacred cows?

When is it easier for my partner to act and when is action to be avoided?

How does money flow in the organization; who controls what?

What metrics are tracked, used to rate performance

Personal relationships What are the long-term relationships that need to be understood and respected
Education’s Data Objectives & Implications for Health Partners

Increasing priority for education decision-making: Data driven, research-based

Focus on individual students, effective programs, prepared workforce (with an emphasis on measurable characteristics of each and related required investments to achieve desired results).

Result: May require Health Partners to link outcomes, benefits of health programs to specific education outcomes
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Looking Forward
Building on the NCCSH Partnership

Current partnership: Information exchange, personal relationships, joint learning

Future: Building models for collaborative program or policy initiatives? Identifying strategies to raise the visibility/desirability of education-health collaborations?
Can’t We All Get Along?

Rodney King

Education

SWEET SPOT

Health
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