



# Evaluation of Pasadena Unified School District Healthy Start Program

July 2008

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# Introduction

The Healthy Start program is operating at four elementary school sites and one high school site in the Pasadena Unified School District (PUSD). Healthy Start sites are Madison Elementary School, Cleveland Elementary School, Jackson Elementary School, Loma Alta Elementary School, and Rose City Continuation High School. At all sites, the program initially received three years of state funding and have been able to sustain the program in subsequent years through funding from various sources. Loma Alta is the only exception as they received funding from the State of California in 2007. The sites continue to thrive and provide students and families with case management services and a multitude of resources including health and mental health services, classes for parents, assistance for basic needs, and academic services for students.

The following report examines the implementation of PUSD Healthy Start program and its impact during three years of funding from Unihealth Foundation and Huntington Memorial Hospital. All of the findings result from a local evaluation conducted by Harder+Company Community Research (Harder+Company).

## Methodology

The evaluation of the Healthy Start program used a mixed methods approach to assess program implementation across the five sites; experiences of various stakeholders; and perceived impact of the program on children who participated in the program. Data were collected from various sources:

- Student Data

Student data were collected from several sources. Information regarding services provided and information specifically on case managed students were collected from the Healthy Start database system, Griot Star software program.<sup>1</sup> General school level and district level data were also obtained from the California Department of Education website.

- Parent Focus Group

The evaluation team developed the parent focus group protocol and conducted three parent focus groups at three Healthy Start sites. These focus groups were conducted in English and Spanish.

- Program Staff Interview

Both in-person and phone interviews were conducted with program coordinators, case managers, and family advocates from each Healthy Start program sites. Additionally, the data manager was interviewed because of his extensive history with the program. Prior to holding the data manager position, he was a Healthy Start program coordinator at Madison Elementary. A total of 12 interviews were conducted.

- School Staff Survey

The evaluation team developed the school staff surveys to assess the collaborative relationship between the school and the Healthy Start program and to assess the experiences of school staff with the program. Surveys were administered in both paper and on-line format for the convenience of school staff. A total of 77 surveys were completed. A majority of the school staff surveys were completed by teachers (78%). Other school staff who completed the surveys includes school administrators, school nurses, teacher aide, health assistants/clerks, school

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<sup>1</sup> Data from only the 2006-07 and 2007-08 are included in this evaluation. Data from 2005-06 school year are not available in the Griot Star software program.

office staff, primary care clinic coordinator, probation officer, resource specialist, school therapists, and a supervisor.

# Findings

## Services Provided by Healthy Start

The Healthy Start program seeks to assist families with a wide variety of needs they may have so that their children can be healthy and successful in school. The program seeks to strengthen the family unit and increase parents’ abilities to advocate for themselves and their children as expressed by one program coordinator, *“We are not a one stop shop here. What I see is a conduit. We build a relationship, we build the trust, and then we try to find the right connections for them and then I really broker those relationships by valuing those relationships and making people understand because we want them to learn how to navigate this community, not only for themselves but for their children.”* Healthy Start provides a wide range of services to students, parents, and community members. Some examples of services provided are listed in Table 1.

**Table 1. Description of Services Provided by Healthy Start**

Healthy Start Services	Description
Academic and Educational Services	Tutoring classes, ESL classes, and parent-teacher conferences
Basic Needs Services	Clothing, food assistance, utility assistance, bus tokens, taxi vouchers, holiday donations, child care, and translation
Case Management Services	Parent outreach, family assessment, referrals, and follow-ups
Family Functioning Services	Parent education classes, literacy classes, self-esteem building classes
Employment Services	Job search assistance
Health Services	Physicals, immunization, health insurance enrollment
Mental Health Services	Counseling referrals and life problems counseling

Healthy Start provides academic and education services to students who are underperforming at school by providing tutoring classes, assisting with parent-teacher conferences and services to meet the basic needs of students and their families. Also, Healthy Start provides a wide range of health services to a much needed population, services that they would not have otherwise received or have access to. The program impacts the physical health of students by assisting parents with medical insurance applications, providing workshops on health insurance, helping parents to find clinics, setting up doctor’s appointments, providing referrals to the dentist, and providing transportation vouchers so parents can take their children to the doctor.

In addition to the direct services, Healthy Start provides referrals to outside agencies for services that they are unable to directly provide. One program coordinator described how she was able to provide resources for a family in crisis, *“...Two or three months ago another family came saying [coordinator], my sister is in jail, I would like to keep my nephews with me but social services will not allow me to have those because I don’t have beds... So what I did, I just call somebody at the*

**“Many [parents] speak Spanish only and many do not have the legal papers here...They do not know enough about the law, or the educational system, so that is why I like to set up classes so parents will understand a little bit more about those things.”**  
**– Healthy Start Coordinator**

*district and said help me...so this lady sent this notice to the whole staff, the whole district. So in a matter of maybe a half an hour or less I had the beds, I had bed spreads, I have everything, mattresses and everything. Not only that but a lot of people who do not have the beds, but they knew where to find them, they sent me the resources, so now I have those resources myself and that's how I could help this lady this morning."*

The program is able to provide the referral services because they are regularly in contact with community-based organizations and have built relationships in the community. Program coordinators regularly attend networking meetings, such as social services meetings where different organizations throughout Pasadena meet to share information about services they offer. Healthy Start works collaboratively with many organizations in Pasadena that range from mental health service organizations to medical clinics and hospitals. Some community-based organizations that Healthy Start sites have built relationships with include: Pacific Clinics; Healthy Families; Families in Transition; Peace Over Violence; Sycamores; The Salvation Army; Friends Indeed; Foothill Unity Center; Mothers Club; Regional Center; Healthy Eating Lifestyle Program (HELP) at Huntington Hospital; Pasadena Learns; and Sources.

During the 2006-07 and 2007-08 school year, the Healthy Start program provided over 75,000 services across its five sites (see Table 2). Madison and Jackson Healthy Start sites have provided the highest number of services each year with over 10,000 services. Loma Alta has provided smallest number in 2006-07 because it was operated with carry-over funds from a Healthy Start site that closed. In 2007-08, Loma Alta was in its implementation year since it was the first year of receiving Healthy Start funds from the State of California.

**Table 2. Service Units for Healthy Start Sites**

	2006-07		2007-08	
	All Cases	Case Managed	All Cases	Case Managed
Jackson	10,713	2,249	11,511	2,417
Loma Alta*	1,235	562	N/A	N/A
Rose City	5,363	1,234	5,112	1,657
Cleveland	9,952	2,288	9,561	2,390
Madison	11,757	3,009	10,394	2,078
<b>Total</b>	<b>39,020</b>	<b>9,342</b>	<b>36,578</b>	<b>8,542</b>

\* Loma Alta provided services in 2006-07 with carry-over funds from a Healthy Start site that closed. Services were not provided in 2007-08 because it was the first year of funding from the State of California and it was an implementation year.

## Case Managed Students and Families

Although Healthy Start provides services to all students and families who present a need at its five sites, those families with the most need receive more intense case management services. One coordinator said, "It's got to be a family that really stands out as far as needing a lot of services, a very needy family. If you have a family that is constantly coming and needing this and that, this is a family that we are going to look at and say you know why do you keep coming, what is going on." When a family is identified for case management services, Healthy Start staff meets with the parents and describes the program and services available through the program. At intake, they discuss the family history and create goals for them. Then, Healthy Start staff will work closely with the family to monitor their progress toward their

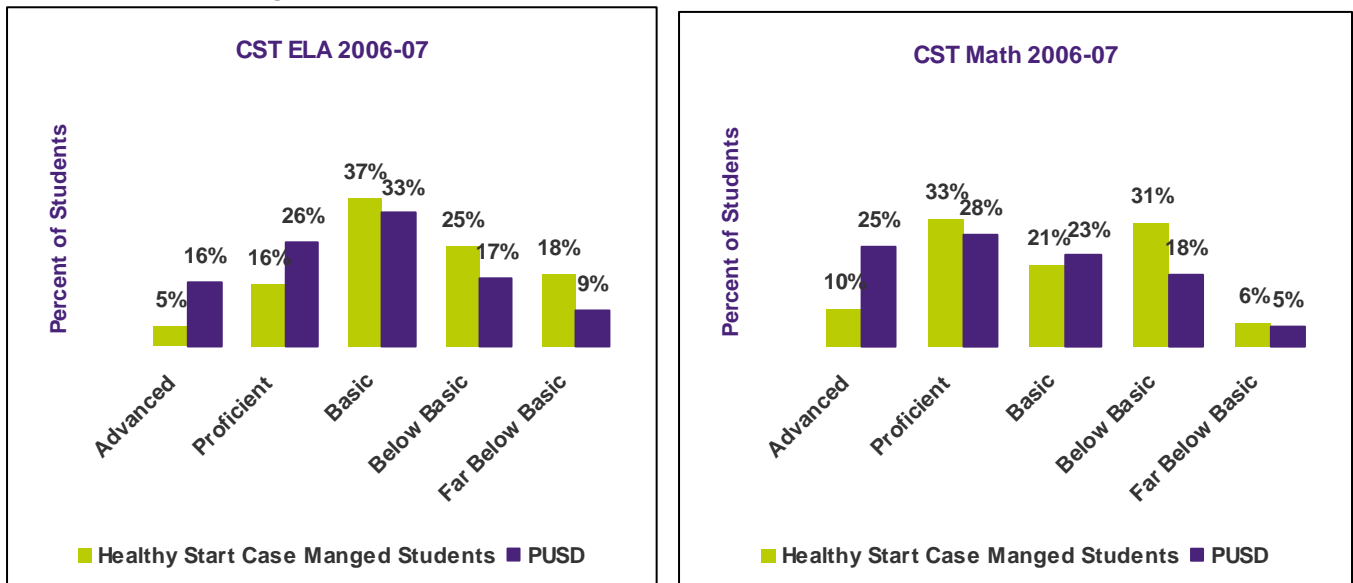
goals and facilitate communication between the family and the school. For example, one coordinator described how Healthy Start facilitate the relationship between a family and a teacher, *“If there is a crisis going on at home that maybe the teacher doesn’t know about, the case manager can let the teacher know ‘be easy on him this is what happened at home’ or ‘if something goes on with him can you send him down to our office because we know what is going on’.”*

Families must present a need for consideration for case management but they must also be willing to work with staff. Many families are not willing to receive case management services for a variety of reasons. Some families are unwilling to be case managed because of their immigration status or because they do not want others to be *“in their business.”* Staff expressed that the Department of Children and Family Services (DCFS) has been involved with numerous families and has made some families leery. Also, one case manager said, *“Sometimes the parents are in denial so they do not want to be case managed.”* The families’ willingness to work as a team with program staff is a key component of its success as one staff expressed, *“I think case management works. Only thing is the parent has to be willing to be vulnerable....But when a parent decides to be case managed, to really be vulnerable, then it’s actually like putting stitches to the wound so it will heal right.”*

During the 2006-07 and 2007-08 school years, approximately 179 case managed students and their families were served by the Healthy Start program. Generally, about 23% of the total amount of services provided by Healthy Start program was to case-managed students and their families (see Table 2). The ages of the case-managed children are between 3 and 19 years with an average of 11 years (approximately 6<sup>th</sup> grade). There are slightly more male case-managed students (53%) than female students (45%). Also, the majority of the case-managed students are Latino (65%) or African American (34%).

The Healthy Start program specifically targets case management services to students struggling academically and families most in need, case-managed students have generally lagged behind the general population of Pasadena Unified School District (PUSD) students in their academic performance. A much larger percentage of case-managed elementary school students scored below Proficient (80%) on the 2006-07 English Language Arts (ELA) California Standards Tests (CST) compared to other students in the district (59%) (see Figure 1). Case-managed students (58%) fared better in their CST Math scores compared to their CST ELA scores but they still performed below the general PUSD students (46%).

**Figure 1. 2006-07 CST ELA and Math Scores for Elementary Students**



## Program Satisfaction

**Both parents and school staff indicate high levels of satisfaction with the Healthy Start program.** Parents indicate that they are highly satisfied with the program. They agree that the best part of the program is the committed and welcoming staff as one parent described what she liked best about the Healthy Start program, *“The communication with the staff and they put a lot of attention to us. If we have a problem we can come here.”* Parents mention that they have gone to other places when they needed help but they did not receive the assistance they needed or they had to wait for an appointment whereas Healthy Start staff is always available to help.

**Parents express that the classes and the services provided has benefitted them in multiple ways which has an impact on how they relate to their children and communicate with school staff on behalf of their children.** One parent stated, *“The classes we receive help us to have better relationships with our children and teachers. If we participate and ask the teachers how [our children] are doing, kids see that we care about them and that increases their self-esteem”* while another parent said, *“They also help us with the teachers, to talk to them because sometimes they do not speak English and some teachers do not speak Spanish so they help us talk to them.”*

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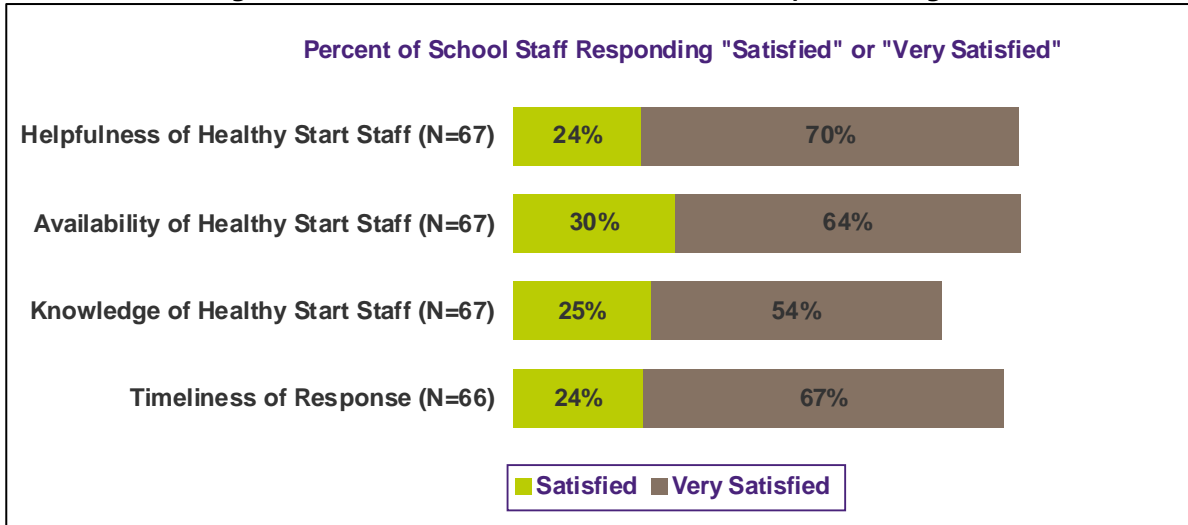
**– Parent**

**Parents’ biggest concern with the program is with its continuation.** At one site, a parent mentioned that the program used to close on Fridays but parents banded together to speak with the administration to keep the program open throughout the week. Now parents expressed a fear that the program may be adversely affected or shut down due to the lack of funding. Most parents are aware of other organizations that provide similar services to Healthy Start, such as Villa Park Community Center, Jackie Robinson Community Center, Foothill Family Services, and Sycamores, however, they stressed that Healthy Start has been most helpful to them and their families.

**Although parents are very pleased with the program, space is an important issue raised by both parents and Healthy Start staff.** Parents felt there needs to be a larger space for the program. At one site, parents expressed that it often becomes too crowded and not all parents are able to fit into room where classes for parents are held. Also, Healthy Start staff indicated that they had to move parent education classes to the school auditorium at times because of overcrowding. Holding these classes in the auditorium makes it less comfortable for parents and is less welcoming. At another site parents expressed a desire for separate space for children as it is noisy and distracting with the children in the room during classes. Similarly, staff felt that parents are not as able to talk as candidly with students in the room because of the lack of privacy. One Healthy Start staff stated, *“Some of the stuff we talk about with parents is confidential and if someone is right in the next booth or something like that, I mean you kind of want to be discrete in what you are saying. And if you have a parent that is upset you don’t want to get the whole office upset, so I think if we had a little bit more privacy you know a little bit more room, you know that would be a good plus.”*

**Similar to parents, school staff is also satisfied with Healthy Start.** The majority of school staff expressed that they are either “satisfied” or “very satisfied” several aspects of the program: helpfulness of Healthy Start staff (94%), availability of the staff (94%), timeliness of their response (91%), and the knowledge of the staff (79%) (see Figure 2).

Figure 2. School Staff Satisfaction with Healthy Start Program



**Many school staff express that they would like to see continuation of Healthy Start current services and suggest additional services.** One school staff said, *“Keep doing the wonderful job that they do. Keep providing workshops: spousal abuse, alcoholism abuse, how [to] get back on their feet when they fall on hard times, homelessness.”* Similarly another school staff said, *“I would like to hear that Healthy Start program can continue to offer parent workshops for the community to help with parental needs.”* In addition to the current services provided by Healthy Start, school staff suggested that conflict resolution and anger management classes would be beneficial for students. For parents, they would like to see more classes for parents on how to support their children’s education. One school staff stated, *“More parenting workshops that will teach parents how to work with their child’s reading, writing and math. Also workshops that teach parents they have power to change their school and make it better.”*

### Impact of Program on Students

**Parents, Healthy Start staff, and school staff all express that the Healthy Start program has had a noticeable impact on students. One area of program impact is improvement in students’ behaviors.** Parents mentioned that the program has helped students with their behavioral problems and self-esteem. Healthy Start sites work closely with behavioral counselors and will make referrals to onsite therapists available through Pacific Clinics or Sycamores. Staff will give the therapists the necessary background information and, at one site, staff meets with the therapists bi-weekly to get updates on case-managed families. One parent said, *“My child’s behavior has improved”* while another said, *“My child’s self-esteem has improved. He has a learning disability and because of the program he has opened up more.”* One coordinator who collaborates with the guidance counselor described the behavioral transformation she has observed, *“They are no longer going to the guidance counselor, or have decreased in going to them. Their*

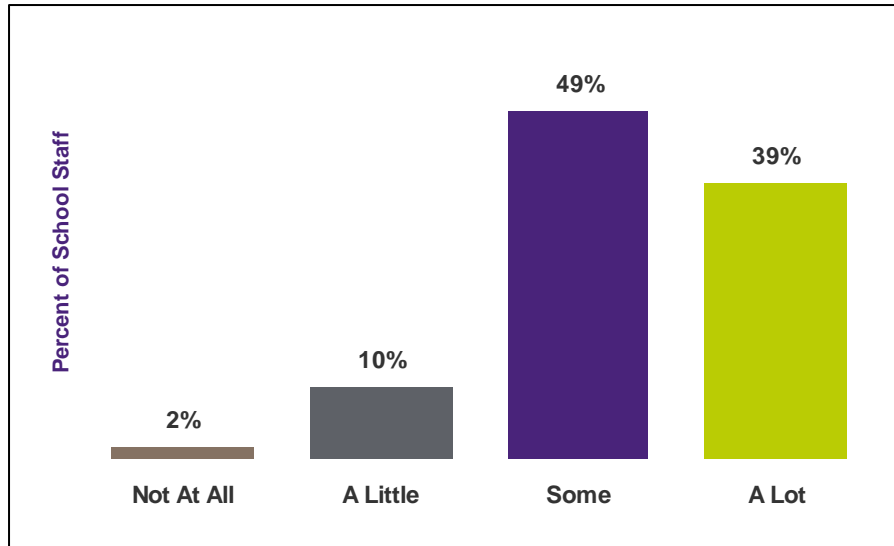
**“I had a child that always had problems with the teachers...I talked to them [Healthy Start] about it and they referred him to Pacific Clinic, I would have never known about it...now doing a lot better, he improved his behavior and his grades. He was student of the month last month.”**

– Parent

*attitude is better out in the playground.”*

School staff has also indicated that the Healthy Start program has had a positive impact on students’ behaviors (see Figure 3). When school staff was asked how much Healthy Start has helped improve students’ classroom behaviors, majority of the school staff surveyed felt that the program had at least “some” (49%) or “a lot” (39%) of impact.

**Figure 3. How Much Healthy Start Helped Improve Students’ Classroom Behaviors**



**Another area of that Healthy Start is impacting is students’ academic performance.** Surveys with school staff showed that they felt that Healthy Start led to improvements in attendance and academic performance among students receiving services (Table 3). The majority of school staff indicated that Healthy Start has helped “some” or “a lot” to improve students’ academic performance (90%) and school attendance (80%).

**Table 3. School Staff Report of Healthy Start Impact on Academic Performance and School Attendance**

Healthy Start has helped improve...	N	Not At All	A Little	Some	A Lot
Student’s attendance	60	5%	15%	46.7%	33.3%
Student’s academic performance	59	3.4%	6.8%	55.9%	33.9%

Healthy Start staff concurred on the positive impact the program has on students’ school life. For example, at one site, student that had been missing 10-20 days of school a month and the Healthy Start staff got involved. The staff has been in constant contact with the mother and the student’s school attendance improved and he began to attend tutoring three days a week. Staff also taught the mother how to work with the student at home and she is on campus once a week. Another site stated that one of their major accomplishments has been finding students that have fallen through the cracks, *“Students that we have found that should have had this test long ago are now getting those services they need. Those kids that are special education are now identified and they are going to get that extra help that they need.”* One coordinator said, *“When we case manage a student and mom brings to our attention that little Johnny is now in the sixth grade, he’s been struggling since he was in pre-k...I will be that parent’s advocate and will set up a meeting with the teacher. I will then tell the teacher ‘why hasn’t he been referred to an SST if he was struggling’ and making the parent aware of the services that are available to them by law here at*

the school. And getting the principal involved and setting up meetings to see what has happened, getting the student tested if they need to be tested to see if there is a learning disability.”

## Program Staffing

**Despite successes of the program, a number of program improvements are suggested by Healthy Start staff, parents, and school staff. First, more funding is needed to hire more staff or have current staff work longer hours to meet the needs of the students and families at each of the Healthy Start site.**

All sites expressed that under-staffing is an issue which limited their ability to serve their communities. Most of the sites are operating with a staff of two and some staff members are working on a part-time basis. One staff explained, *“We need more hours...because it is a part time position, what we do in the matter of a day is all crowded in because we only have limited hours...I’m only holding meetings in the morning. Most of my parents go to school or go to work so that is an inconvenience, you know, and so we can’t have the meetings in the afternoon because no one is here.”* Also, program coordinators at most sites are responsible for both providing direct case management services and administrative duties and indicated that staffing issue takes away from administrative responsibilities. One coordinator stated, *“I prefer to stop all my paperwork and put it aside when a parent comes. They are not coming here just to have fun, they are coming here to seek some kind of help and every time they come I stop everything. So most of my time is with them, trying to alleviate their concerns, their worries.”* Staff express a concern about employee burnout and felt that more full-time staff is necessary so that they can serve greater number of families.

Due to the staffing issue, the program does not operate at the most convenient times for parents. This has been especially challenging for engaging and providing services to African American families. For example, classes for parents are often held in the mornings and program staff expressed that African American parents are more likely to work at those times and have less flexible schedules than Latino parents.

School staff surveyed also expressed that there is a need for more Healthy Start staff to serve the community. When asked what improvement they would like to see in Healthy Start, school staff said, *“More people to provide the much needed help to more of our families”* and *“I would like the family center to be open and available for families after-school hours.”* Another school staff said, *“[We need] more caseworkers, I have about 7 more kids this year who needed help - parents in jail, divorce, special education, sibling with behavior problems, dismal attendance, homework completion, [and] home-school communication etc.”*

**In addition to more staff, there is a need for more multicultural staff who reflect the community and staff who are experienced and skilled at working with diverse communities.** School staff indicated that there is a need for more *“appropriate staff for [the] needs of the school community.”* For example, one site that provide services to mostly monolingual Latino families did not have enough Spanish speaking staff which put an unequal burden on the already under staffed program. In contrast, at other sites, the program’s focus on Latinos makes it difficult to engage families from other ethnicities. One staff stated, *“There is quite a bit of the Latino community that is monolingual in Spanish so being able to go somewhere and talk to somebody that can help them translate that really creates a bond. So it seems*

**“[We need] more caseworkers. I have about 7 more kids this year who needed help - parents in jail, divorce, special education, sibling with behavior problems, dismal attendance, homework completion, [and] home-school communication etc.”**

**– School Staff**

like Latinos are more willing to come in than African Americans or maybe the Caucasians or the Asian community.”

## Collaboration between Healthy Start Staff and Schools

**School staff surveyed is knowledgeable about Healthy Start and have referred students and parents to the program.** A large majority of them are “somewhat” or “very” informed about the program (85%). Most of them learned about the program through other school staff (43%), such as administrator, nurse, teachers, and school counselors, or the Healthy Start staff (42%). Also, a large majority of them have referred students or families (82%) to Healthy Start. Services or activities that school staff have most commonly referred students and parents are for parent education (31%) and basic needs (30%) (see Table 3). Those school staff who did not refer students and families to Healthy Start did not do so because they are not aware of the services provided by Healthy Start and they are not sure about the process of referring students or families for assistance.

**Table 3. Healthy Start Referral Reasons**

Healthy Start Service	Percent of School Staff
Parent Education (ESL classes, parenting workshop, parent support groups, and counseling)	31%
Basic Needs (e.g., clothing, food, transportation)	30%
Health Issues (e.g., health insurance enrollment)	11%
Tutoring	7%
Referrals to community resources	7%
Other	2%

**Healthy Start staff express that the level of support from the school administration is important to the success of the program.** If school administrators support the program teachers will follow suit as one staff explained, *“Some [teachers] believe in it and support it, others, I don’t think they care. They are focused on what they need to do. Again I think it depends on the leadership of the school. If the principal fully believes in it, it’ll work and this principal here, I think she has a buy in, you know, she believes in it but I don’t think she’s given it her full attention or given herself the chance to give it the full attention to see what it really can do.”* In accord with the Healthy Start staff, most school staff feels there needs to be better communication and collaboration between Healthy Start and the schools. School staff state that there needs to be *“better communication between school staff and the role of Healthy Start”* and to *“get the principal involved in a supportive and appreciative manner.”*

**However, Healthy Start sites report varying levels of support from school staff.** One case manager expressed frustration with the lack of support from some teachers. In contrast, other sites feel appreciated by school staff and reported that school staff saw them as a source of support. One Healthy Start staff said, *“It’s hard for a teacher to stop and give the student the attention that he needs, it’s really nice for them to be able to pick up the phone and say I’m sending Johnny down to Healthy Start because it looks like something is going on with them.”*

## Unihealth Objectives

Table 4 outlines the Unihealth Objectives and summary of Healthy Start program activities for the 2007-08 school year related to the Unihealth Objectives. Also, described is a summary of Healthy Start program activities during the three year of funding by Unihealth (2005-06, 2006-07, and 2007-08 school years). The Healthy Start program has met and often exceeded a large majority of the Unihealth Objectives in 2007-08 and throughout funding period.

**Table 4. Summary of Healthy Start Program Activities Related to the Unihealth Objectives**

Key Activities	Measurable Objectives	2007-08	Summary for 3 Years of Funding
<b>HEALTH SERVICES</b>			
Nursing staff provides health services including immunizations, TB testing, hearing and vision screening, physical examinations, a variety of primary care services, and health-related counseling and education.	<ol style="list-style-type: none"> <li>1. Provide health care services to at least 5,000 students who lack appropriate access primary health care</li> <li>2. Provide health, dental, vision and hearing screenings for at least 1,000 students</li> <li>3. Treat approximately 4,000 students for chronic and/or acute illness</li> <li>4. Provide 70 health education sessions to 2000 students</li> <li>5. Provide 15 health education sessions to approximately 300 parents</li> </ol>	<ol style="list-style-type: none"> <li>1. During this period there were 16,443 students served.</li> <li>2. During this period, 3,421 students received health care screenings.</li> <li>3. During this time, 7,212 treatments for chronic/acute illness were reported. This includes multiple contacts with same students.</li> <li>4. During this period, 110 sessions were provided to 2,596 students.</li> <li>5. During this time 24 sessions occurred with 408 parents.</li> </ol>	<ol style="list-style-type: none"> <li>1. During the three years of funding, 33,850 students were served.</li> <li>2. During the three years of funding, 8,362 students received health screenings.</li> <li>3. During the three years of funding, 22,590 treatments for chronic/acute illness were reported. This includes multiple contacts with same students.</li> <li>4. During the three years of funding, At least 269 sessions were provided to 8,626 students.</li> <li>5. During the three years of funding, 57 sessions occurred with 1,601 parents.</li> </ol>

Key Activities	Measurable Objectives	2007-08	Summary for 3 Years of Funding
<b>IMMUNIZATION</b>			
Nursing staff reviews children's <b>immunization</b> needs and provides immunizations as needed.	1. Achieve a 100% immunization rate at project elementary schools	1. The Nurse Practitioner and Health Clerk monitor the students' health records to achieve 100% compliance of immunizations. Currently, we are reaching a 98% immunization rate.	1. During the three years of funding, there was an average of a 98% immunization rate.
	2. Immunize approximately 400 students	2. The number of immunizations totaled 694 for this period from the Centers and the primary Health Clinic.	2. The number of immunization totaled 2548 from the Centers and the primary Health Clinic.
<b>HEALTH INSURANCE COVERAGE</b>			
Nursing staff helps to identify <b>uninsured</b> students and families so that health outreach workers may work with these families <b>to enroll for appropriate coverage.</b>	1. Meet with all uninsured families	1. During this time period, all uninsured families were met with.	1. During the three years of funding, all uninsured families were met with.
	2. Assist more than 300 individuals to enroll in health insurance programs for which they are eligible.	2. During this reporting period, staff outreaches and enrollments occurred with 745 individuals.	2. During the three years of funding, staff outreaches and enrollments occurred with 2232 individuals.

Key Activities	Measurable Objectives	2007-08	Summary for 3 Years of Funding
<b>ABSENTEEISM</b>			
<p>Nursing staff participates on multidisciplinary team for students and families who are case managed at the co-located Healthy Start Family Centers with resulting <b>decrease in absenteeism</b></p> <p>Nursing staff provide input regarding health needs of these students and families, and help to ensure these needs are met.</p>	<ol style="list-style-type: none"> <li>1. Nurse participation in case management of approximately 20 families per site</li> <li>2. Decrease absenteeism rates among 65% of students who receive case management with nursing staff participation</li> <li>3. Reduce number of days absent among case-managed students by 45%</li> </ol>	<ol style="list-style-type: none"> <li>1. During this time, an average of 21 families had case management encounters per site.</li> <li>2. During this time period, a decrease in absenteeism rates occurred for 57% of students receiving services.</li> <li>3. The decrease in number of days absent among case-managed students ranged from one to 10 days with the exception of Cleveland (which showed an increase of one day)</li> </ol>	<ol style="list-style-type: none"> <li>1. During the three years of funding, approximately an average of 20 families had case management encounters per site.</li> <li>2. During the three years of funding,, a decrease in absenteeism rates occurred for 57% to 76% of students who received case management.</li> <li>3. In Year 1, decrease in number of days absent ranged from one to nine days (with the exception for Madison). In Year 2, the number of days absent was reduced by 45%. In Year 3, decrease in the number of days absent ranged from one to 10 days (with the exception of Cleveland).</li> </ol>
<b>INAPPROPRIATE ER USAGE</b>			
<p>Nursing staff provides treatment of various chronic and acute illnesses as well as minor injuries, following protocols established by the project's physicians to decrease <b>inappropriate emergency department usage</b> by at least five percent among case-managed families.</p>	<ol style="list-style-type: none"> <li>1. Deliver care to approximately 4,000 students for chronic/acute illness</li> <li>2. Decrease ER utilization for non-emergency health needs by 5% or more among 90 families through case management and treatment</li> </ol>	<ol style="list-style-type: none"> <li>1. During this time 7212 students received care for chronic/acute illness. This includes multiple contacts with same students.</li> <li>2. During this period, a 5% decrease was reported for ER visits amongst 107 case managed families.</li> </ol>	<ol style="list-style-type: none"> <li>1. During the three years of funding, 22,589 students received care for chronic/acute illness. This includes multiple contacts with same students.</li> <li>2. During the three years of funding, an average decrease of 4.9% was reported for ER visits.</li> </ol>

# Summary and Recommendations

The Healthy Start program has provided much-needed services to students and families in areas such as health, mental health, parent education and support, basic needs, and academic support. Services are targeted especially to those families with the most need and student struggling academically. Both parents and school staff have expressed high levels of satisfaction with the program and want to see the program continue to operate at their schools. Healthy Start has benefitted both parents and their children by offering needed services to them, helping them to access resources and advocating for them. Also, both parents and school staff have indicated that as a result of participating in Healthy Start, students have improved in their behaviors and academic performance. Although there are many successes of the Healthy Start program, some areas of recommended improvement include:

- + **Increase in number of Healthy Start staff or increase in hours for current staff.** More staff is needed to operate the Healthy Start program at times most convenient to parents and to prevent staff burnout.
- + **More multicultural staff that reflected the community and staff skilled at working with diverse communities.** Some sites that serve mostly monolingual Spanish speakers need more bilingual staff. Also, the program needs to be more inclusive of parents who are not Spanish speakers.
- + **Bigger space for parent education classes.** At several sites, parent education classes are held in small rooms or child care is not provided in a separate room. This has prevented parents from fully taking advantage of these classes.
- + **Greater collaboration between Healthy Start and the schools.** Both Healthy Start staff and school staff expressed the importance of collaboration. At some sites, more support from the administrators is necessary to best serve students and parents.